

Parental Consent to Medical Treatment Form

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby consent to, and hereby authorize **Jen Wiederkehr Rothberg of Short Hills, NJ** to seek and obtain, any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above-named minor that is rendered under supervision of any licensed physician or surgeon on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

I give my permission to **Jen Wiederkehr Rothberg of Short Hills, NJ** to secure proper medical attention for the above-named minor should the need arise. I understand that I will be financially responsible for any expenses incurred due to medical care, travel expenses, etc. due to an accident or illness.

Student's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Insurance Company or Group: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Are there any existing medical problems or medications that the student is currently on?  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Please complete and sign below: (youth under 18 years of age require parent/custodial signature)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Custodial Signature: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dated: \_\_\_\_\_, 2010