



CONSENT TO TREAT MINOR CHILDREN

Please print all information

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

I, _____, parent or legal guardian of
_____, born
_____, do hereby consent to any medical care and
the administration of anesthesia determined by a physician to be necessary for
the welfare of my child while said child is under the care of **Free Spirit Farm
School LLC** and I am not reasonably available by telephone to give consent.

This authorization is effective from August 26, 2024 to May 30, 2025.

Signature of Parent or Legal Guardian

***This additional information will assist in the treatment if it can be furnished with the consent but is not required.**

Family home address: _____

Telephone: _____

Mother: _____ Father: _____

Child's birthdate: _____ Last tetanus shot: _____

Allergies to drug or foods: _____

Epi pen required? Y/N: _____

Special medications, blood type or any other pertinent information: _____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy #: _____

Preferred Hospital: _____

Child's dentist: _____ Phone: _____

Insurance: _____ Policy #: _____