The Family Academy of Potomac

10020 Chapel Road, Potomac, MD 20854

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Phone: 301-656-5437 | 301-237-2205

CONSENT TO TREATMENT OF MINOR CHILD (UNDER 18)

Authorization is given to the following:

The Family Academy of Potomac and staff members acting as agents of The Family Academy of Potomac to consent to unexpected or emergency medical, dental treatment, and surgical care of my child, and to consent to hospitalization if, at the time of injury or illness, it is recommended by a private physician or consulting physician of their choice.

Child's Name	DOB	Medicine Taking Now	Allergies/Health Conditions

1. _____

2. _____

3. _____

We will be responsible for charges for any medical, dental, or surgical treatment and/or hospitalization render by reason of this authorization.

Signature of parent/guardian: _____

Signature of witness: _____

Addition Information

Name of Medical Insurance Co: _____

Member's name: _____ Group #: _____

Identification #: _____ Telephone #: _____

Mailing Address: _____

Name of dentist: _____ Telephone #: _____

Address: _____

Name of clergyman: _____ Telephone #: _____

Address: _____