CONSENT FOR MEDICAL TREATMENT

Please provide the folowing authorization.

Child's name (first & last) Age Birthdate Grade

Physician Name or Medical Group Name Phone

Address City Zip

Medical Insurance Provider Subscriber Name

Preferred Hospital for Treatment

Dentist Name or Dental Group Name

Address City Zip

I hereby authorize and consent to the administration of any and all medical, dental and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and/or blood transfusions to the above named minor person that may be ordered by a physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital. I understand that 'A Stroke of Magic', it's officers, employees and assigns assume no financial obligation or liability in case of my child's accident or illness. **I assume full financial responsibility for emergency treatment for my child.**

Parent Signature: _____ **Date:** _____

GENERAL INFORMATION & AUTHORIZATION

Is your child allergic to or unable to eat any foods? Any other allergies?

Is there anything else about your child you would like for us to know?

My child has permission to participate in field trips including but not limited to neighborhood parks, neighborhood walks or other field trips as scheduled, by means of walking or bus.

Yes _____ No _____ Initial Here X _____

RELEASE & INDEMNITY AGREEMENT

This information is complete and true to the best of my knowledge. I also confirm the authorizations and consent detailed within this document, including but not limited to medical treatment and field trip participation and emergency contacts. I understand that should my child act in a manner that is unsafe for him/herself, other participants or staff , he/she may be excluded from specific activities and/or the program. I hereby release, discharge and covenant not to take legal action against 'A Stroke of Magic' it's emploees, officers and assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury or damage to property caused or arising from my child's participation in the program.

Parent Signature: _____ Date: _____

Please Print Name Here: