

Medical Release Form  
Carson Valley Christian Center  
FAITH homeschoolers  
1095 Stephanie Way  
Minden, NV 89423  
(775) 267-0151



Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

**Authorization To Treat A Minor**

In the event I cannot be reached in an emergency, I (we) the undersigned parent, parents or legal guardian of \_\_\_\_\_ do hereby authorize the person or persons representing **Carson Valley Christian Center** and **FAITH homeschoolers** as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment an emergency hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provision of the Medicine Practice Act and on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is to be effective until it is revoked in writing to said agent. A photocopy of this consent is valid and may be used in place of the original.

\_\_\_\_\_  
Signature of Father, Mother or Legal Guardian Date

\_\_\_\_\_  
Father's Full Name Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Name Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Subscriber \_\_\_\_\_

Subscriber # \_\_\_\_\_ Group # \_\_\_\_\_

Allergies/Medical Problems \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Current Medications \_\_\_\_\_