

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____,
born _____ day of _____, 20__ 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 (Name)_____,
(Address)_____. The
_____ is serving as the host family while _____ is
studying as an exchange student at Northeastern Wisconsin Lutheran High School, 1311 S.
Robinson Avenue, Green Bay, Wisconsin, US.

This authorization is effective from the ____ day of _____, 20____ to
_____ day of _____, 20____.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

Witness Signature

Witness Name(Please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. The additional information will assist in treatment if it can be furnished with the consent but it is not required.

Family Address _____

Parent/Guardian Telephone _____

Last Tetanus: _____

Allergies to drugs or foods _____

Special Medications, Blood Type or Pertinent Information

Child's Physician _____ Phone _____

Insurance _____ Policy# _____