

# Junior Daughters of the King Medical Release Form



Name of Junior Daughter /Participant \_\_\_\_\_

Event Name \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Birth Date of Junior Daughter/Participant \_\_\_\_\_

## **Authorization of Consent to Treat a Minor:**

I (Please print clearly), \_\_\_\_\_,  
the undersigned parent/guardian of \_\_\_\_\_,  
a minor, do hereby authorize \_\_\_\_\_,  
youth ministry leader(s) as agent(s) for the undersigned to consent to any x-ray examination,  
anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed  
advisable by, and is to be rendered under the general or specific supervision of any physician and  
surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or  
treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or  
hospital care being required, but is given to provide authority and power on the part of our  
aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care  
which the aforementioned physician in the exercise of his or her best judgment may deem  
advisable. I understand that I am responsible for any and all costs related to the transportation or  
medical care of my daughter.

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18)

Date: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_