

Debbie-Rand Memorial Service League, Inc.-Auxiliary to Boca Raton Regional Hospital

Consent Form for a Minor

I hereby grant to BOCA RATON REGIONAL HOSPITAL authority to give consent for the treatment of _____(teenager's name) should my child require medical care of any nature by reason of any condition or incident, with the exception of(a) major surgery, or (b) _____(Other, if any) which should only be performed if the concurring medical opinion of two physicians is such that the procedure(s) are necessary to relieve the suffering or preserve the life or limb of my child and I cannot be reached after reasonable attempts.

Facts concerning my child's medical history, including allergies, physical impairments, and medication being taken, to which a physician should be alerted are as follows: _____

Birthdate: _____ Date of last tetanus/diphtheria booster: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Hospital of Choice: _____

Health Insurance Plan is _____ ID # _____

This authorization expires 6 months after my child graduates from high school.

Parents or legal guardian (last name) _____ (first name) _____

Address: _____

Employer _____

Father's home phone: _____ Business Phone: _____

Mother's home phone: _____ Business Phone: _____

I certify that the information above is accurate and complete to the best of my knowledge. I hereby release Boca Raton Regional Hospital and Debbie-Rand Memorial Service League, Inc. from any legal or financial responsibility with respect to my personal, or my teenager's participation.

PHOTO and VIDEO RELEASE FORM FOR MINOR CHILDREN

I hereby authorize the Debbie-Rand Memorial Service League (D-RMSL) to publish the photographs and videos taken of me and/or the undersigned minor child, and/or our names, for use in the D-RMSL's printed publications, website and training purposes.

I release D-RMSL from any expectation of confidentiality, for the undersigned minor children and myself, and attest that I am the parent or legal guardian of the children listed below, and that I have the authority to authorize the D-RMSL to use their photographs, videos and names.

I acknowledge that since participation in publications and websites produced by D-RMSL is voluntary, neither the minor child nor I will receive financial compensation.

Name and Age of Minor Child:

Name: _____ Age : _____

Parent Signature: _____ Date: _____