

**Consent for Release of Information
and Authorization for Treatment**

I, _____, parent or legal guardian of _____
hereby give my consent for any licensed physician or dentist to administer any treatment deemed necessary,
including admission into any hospital, clinic or health care facility, while my child is under the custody of the
Church of the Covenant.

This authorization does not cover any major surgery unless the opinion of two other licensed physicians or dentists,
concurring in the necessity for such surgery, are obtained before the surgery is performed.

Permission is granted for any licensed physician or dentist, hospital, clinic or health care facility, to release
information pertaining to the health or previous medical care of my child to the youth advisors or staff members of
the Church of the Covenant.

Date _____

Parent/Guardian _____

Phone () _____

Address _____