

Grace of Christ Preschool  
9 So. 8th Ave., Yakima, WA 98902 (509) 248-7940

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR  
WHEN PARENTS OR LEGAL GUARDIAN ARE UNAVAILABLE**

The undersigned hereby authorize the staff of Grace of Christ Preschool as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the State of Washington

for our child, \_\_\_\_\_ (date of birth: \_\_\_\_\_),  
when such treatment is deemed necessary by such physician and we cannot be reached within a reasonable time,  
by reason of absence from the community, or otherwise.

Such consent may include, but is not limited to, administration of necessary anesthetics, medical treatment, tests, X-ray examinations, transfusions, injections, or drugs, and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to said physician to exercise his discretion on authorizing the disposal of any severed tissue or members.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the authority to consent thereto, as our said agent and my child's attending physician, in the exercise of their best judgment, may deem advisable.

This authorization shall remain effective until August 31, 2019 unless sooner revoked in writing by the undersigned or at such time that the child's attendance at this preschool is terminated and preschool is so notified by the child's parent/guardian.

**PLEASE COMPLETE:**

Does your child have a physician who should be contacted?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, Whom? \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Does your child have any chronic diseases? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please name: \_\_\_\_\_

Does your child have any drug allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, to what drugs? \_\_\_\_\_

Does your child have special medical needs not listed? \_\_\_\_\_

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number