

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: _____