

## Medical Consent and Permission for Supervision

As parent, I understand that the Three Treasures Sangha is a small Sangha that usually does not have enough children to support a formal children's program. Therefore, I understand that I am responsible to assist with the care of my children by personally assuring that supervision is safe and appropriate for my child. I give my permission for my child, \_\_\_\_\_, to be supervised by \_\_\_\_\_ and receive emergent medical and dental treatment as needed. I understand efforts will be taken to contact us or other relatives as appropriate for major decisions, but failure to contact does not preclude providing her care as medically indicated.

Signed,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

### **Medical Information:**

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Health Insurance (Company name, patient or consumer number): \_\_\_\_\_

\_\_\_\_\_  
Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Contact Information:**

1<sup>st</sup> Parent name and contact number: \_\_\_\_\_

\_\_\_\_\_  
2nd Parent name and contact number: \_\_\_\_\_

\_\_\_\_\_