

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

As part of a *special* program at a UT-BATTELLE, LLC, facility, your minor child or ward is scheduled to be a guest at the Freels Bend Cabin facility during the period of June 7-11, 2004 or June 14-18, 2004, or June 21-25, 2004. Please read the accompanying information about the program in which your child or ward will be participating.

Emergencies may arise through unanticipated causes such as highway accidents, slip-and-fall accidents, and the like. Since time and/or distance can make it difficult to contact you for consent to medical care and treatment in an emergency, it will be necessary for you to give permission to authorize such care or treatment without first contacting you. If medical care or treatment for conditions less than an emergency is indicated, efforts will be made to contact you before such care or treatment.

It is also necessary that you provide certain medical related information, which is indicated below, so that medical personnel will be able to provide proper care and treatment without delay.

I, _____, am the parent
or legal guardian of _____, a minor.

I hereby authorize and consent to medical and surgical care and treatment for the minor named above in any circumstance which in the judgment of the health care provider or its agents and employees requires such care or treatment.

Signature of Legal Guardian

Date

Medical Information

Date of Birth _____ Date of last tetanus shot _____

Allergies to medication _____

Child's physician (include name & phone number) _____

Existing medical conditions or previous surgery _____

Regular medications being taken _____

Family Information

Home Address: _____

Phone Number for Parent or Guardian During Working Hours: _____

Medical Insurer's Name and Phone Number: _____

Policy Number: _____

Dental Insurance Company and Phone Number: _____

Policy Number _____