



CONSENT TO TREAT MINOR CHILDREN

Please print all information

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

I, _____, parent or legal guardian of
_____, born _____, do hereby
consent to any medical care and the administration of anesthesia determined by a physician to
be necessary for the welfare of my child while said child is under the care of Free Spirit Farm
School LLC and I am not reasonably available by telephone to give consent. This authorization
is effective from June 1, 2025 to May 30, 2026.

Signature of Parent or Legal Guardian & Date signed

**This additional information will assist in the treatment if it can be furnished with the consent
but is not required.

Family home address: _____
Telephone: Mother: _____ Father: _____ Child's
birthdate: _____ Last tetanus shot: _____ Allergies to drug or
foods: _____ Epi pen required?
Y/N: _____ Special
medications, blood type or any other pertinent information: _____

Child's Physician: _____ Phone: _____
Insurance: _____ Policy #: _____
Preferred Hospital: _____
Child's dentist: _____ Phone: _____
Insurance: _____ Policy #: _____