



CONSENT TO MEDICAL TREATMENT

Form to obtain authorization from the resident's legal guardian in order to seek medical attention for resident in case of minor injury.

Name: _____

Date of Birth: _____

Placement Agency: _____

Health Card Number: _____

Province: _____

Status: _____

MEDICAL

I HEREBY CONSENT to any form of medical/dental, including minor surgery, diagnostic procedures, and active immunisations, which the attending physician or Quinte Children's Homes staff may from time to time consider necessary and advisable in the interest of the resident.

I FURTHER AUTHORIZE Quinte Children's Homes to obtain any treatment for the above-named which is necessary in a medical emergency and that the resident may be transferred to an active treatment hospital when considered necessary or advisable by the staff of Quinte Children's Homes. I understand that I will be notified of such events as soon as possible.

I HEREBY AUTHORIZE Quinte Children's Homes to release or obtain any social, educational, psychological, medical, and other pertinent data as may be necessary or desirable for the care or treatment of the resident, while a resident at Quinte Children's Homes.

Dated this _____ day of _____, 20____.

Signature of Resident

Signature of Parent/Guardian

Signature of Witness

Signature of Witness