



Immanuel Lutheran Church, School & Child Development Center

2055 Filer Ave. E • Twin Falls, ID 83301-4307

Church/School Phone: (208) 733-7820 • Fax: (208) 735-9970

Child Development Center Phone: (208) 734-3420

www.immanuelff.org

Consent to Medical Care and Treatment of Minor Children

I/(We), _____, the natural parent(s)/guardian(s) of
_____ authorize and give consent to any medical
licensed physician or hospital for my child when deemed necessary or advised by the
physician to safeguard my child's health and I cannot be contacted. I waive my right to
informed consent to such treatment. I further agree to "hold harmless and release"
Immanuel Lutheran Church and Child Development Center and any of its employees
from all liability arising from the acquisition of such medical care.

Signature of Parent/Guardian

Address

Home Phone #

Work Phone #

Date