

Located at:

Vista Baptist Church

901 N. Parker St.

Olathe, KS 66061

Medical Consent

(This section MUST be notarized.)

Consent for Medical Treatment (Minor)

Student Name _____

As the parent or legal guardian of the above named minor(s), I hereby give consent for emergency medical care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions to preserve life, limb or well-being of my dependent from August 15, 2014 to May 31, 2015.

Signature of Parent or Guardian _____

Date: _____

Notary:

I give permission for my child's photo or likeness to be used on the HECJC website or in printed material related to HECJC.

Signature of Parent or Guardian _____