

**GOODLETTSVILLE CUMBERLAND PRESBYTERIAN CHURCH
MOTHER'S DAY OUT**

**MEDICAL CONSENT FOR TREATMENT OF A MINOR CHILD
(MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC)**

I, (We) _____ and _____
of _____ County, _____, TN do
hereby state that I am (We are) the natural parent(s) (Legal Guardians) having legal custody of
_____ a minor, age _____, born on
_____. He (She) resides with me (us) at _____
in the city of _____, Tennessee.

I (We) authorize GOODLETTSVILLE CUMBERLAND PRESBYTERIAN CHURCH, any adult who is employed at 226 S. Main Street in the CITY of GOODLETTSVILLE, County of DAVIDSON, State of TENNESSEE, telephone #859-5888, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of physician or surgeon licensed to practice in the state of TENNESSEE. When the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful.

DATED THIS THE _____ DAY OF _____, _____.

SIGNATURES OF GUARDIANS OR PARENT

Date _____

Date _____

STATE OF TENNESSEE
COUNTY OF DAVIDSON

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY OF
_____, OF _____.

MY COMMISSION EXPIRES:

Notary Public Signature