



Wise County Teen Court

TEEN COURT MEDICAL CONSENT FORM

Name _____ DOB _____ Date _____

Address _____ City _____ Zip _____

Case (s) Number _____ Date of Offense _____

Parent/ Guardian Name _____

Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____

Explanation of offense (s) _____

Youth Employment _____ Hours Worked/Week _____

School Name _____ Grade _____

School Activities _____

EMERGENCY INFORMATION

In the event of an emergency occurring while my son/ daughter is involved in a Teen Court sponsored activity. I hereby grant permission to Teen Court, and its volunteers to take whatever action is deemed necessary. In the event I cannot be reached, I hereby authorize Teen Court and/or its volunteers to give consent for my son/daughter to receive medical treatment.

Parent's Signature

Date

If you do not give permission or authorization for consent to medical treatment, what procedure should be followed (please state)? _____

Please state any medical information that might be relevant in case of illness or- accident.
