



The Carpenter's Way

A Christian Home For Children.

Consent for Medical Services

I hereby authorize The Carpenter's Way and its employees to seek and/or administer medical services for : _____ .

These medical services will include the following:

1. Treatment and/or medication(s) prescribed by the consulting physicians of The Carpenter's Way or the youth's personal physicians.
2. Non-prescription medications (i.e. aspirin, Pepto Bismol, etc.).
3. Medical treatment in case of accident or medical emergency.
4. Routine physical examinations.
5. Routine dental care.
6. Psychiatric consultation.
7. Psychological services.

I understand that I retain all legal financial responsibility for health care of the above named individual while he/she is under the care and supervision of The Carpenter's Way.

I hereby certify that I have read and fully understand the above authorizations, and voluntarily consent to release The Carpenter's Way from liability for any results that may occur.

Signature of Parent/Legal Guardian

Date

Signature of The Carpenter's Way Staff

Date

Witness

Date