



CITY OF BEND

## Letter of Consent for Medical Treatment of a Minor

I, \_\_\_\_\_, give Bend Fire & Rescue Paramedic/EMT's, and other trained and credentialed medical professionals on the staff of Camp Fire Axe, permission to treat my child who is under the age of 18, and if necessary, transport them to the hospital. I understand all efforts will be made to contact me if my child is treated or transported.

Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Notable Medical History:

Allergies to Medications:

Medications currently using:

Any information you would like us to know about your child: