

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

Name of Minor Birthdate Allergies/Special Conditions

We, being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint:

Name Address

Terry Cater-Cyker 121 Brook Way Ithaca, NY

Marianne Montague 126 Indian Creek Rd Ithaca, NY

Stephen Lenhart 2381 Danby Rd Wilseville, NY

Karen McCaffery 145 Oakwood Lane Ithaca, NY

Marianne Pyke-Kalousdian 4 Thresher Place Freeville, NY

to act on my behalf in authorizing medical, dental, surgical care and hospitalization for the above named minor during the period of:

Month Day Year Month Day Year
May 19 2014 to May 23 2014

Signature of Parent/Guardian _____

Address _____

Phone _____

Date _____

Hospitalization for the above named minor:

Insurance Plan Services

ID or Contract Number