

## AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

Name of Minor	Birthdate	Allergies/Special Conditions
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We, being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint:

Terry Cater-Cyker                      121 Brook Way, Ithaca, New York

Marianne Montague                      126 Indian Creek Road, Ithaca, New York

Karen McCaffery                      145 Oakwood Lane, Ithaca, New York

Stephen Lenhart                      2381 Danby Road, Willseyville, New York

Marianne Pyke                      4 Thresher Place, Freeville, New York

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

**May 18, 2015 to May 22, 2015**

Signature of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_

Phone \_\_\_\_\_

Date: \_\_\_\_\_

Hospitalization for the above named minor:

\_\_\_\_\_  
Insurance Plan Services

\_\_\_\_\_  
ID or Contract Number

