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:

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

Julie Schaeffer 308 Ithaca Rd, Ithaca, 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 21-25, 2018

 Signature of Parent/Guardian

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Hospitalization for the above named minor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Plan Services ID or Contract Number