

I, \_\_\_\_\_, the parent of or legal guardian of \_\_\_\_\_, a minor, do hereby name Kelle Schnabel or Melinda Carr as agents for myself in my absence to consent to any x- ray examination and anesthetic, medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital whether or not such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which physician in the exercise of his or her best judgment may deem advisable.

I hereby give permission for the above named minor to travel with the above named agents or other appointed chaperones for youth events. I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to the above named agents upon the completion of treatment.

These authorizations shall remain effective through June 30, 2018.

Signature of Parent/Guardian \_\_\_\_\_

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

Minor's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Any known allergies or important medical information: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_ (notary seal)

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_