MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM FOR MINORS

The following form is designed for those situations where minors are unaccompanied by either parents or legal guardians. This "Medical Treatment Authorization and Consent Form" gives authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care can not be provided to a minor without approval by the parents or legal guardians, unless there is written consent authorizing an agent to give approval.

_____ _____/_____/_____
Minor's Full Name *Minor's Date of Birth*

_____
Minor's Address (City, State, Zip Code)

The undersigned do hereby authorize Denise Frisco / Holly Croft / Matthew Keefe or such substitute as he/she may designate as agent for the Undersigned to consent to any X-Ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere. Please include a copy of your insurance card and a government issued photo ID.

_____ _____/_____/_____
Parent or Guardian Signature *Date*

_____
Parent or Guardian (please print)

_____
Address Parent or Guardian

(_____) _____-_____Home (_____) _____-_____Work (_____) _____-_____Cell
Home Work and Cell Phones of Parent or Guardian

_____ _____
Witness Signature *Witness Printed Name*

_____
Insurance Company

_____ *(_____) _____-_____ (_____) _____-_____*
Insurance Company Address *Phone* *Phone/Fax*

_____ _____
Insurance ID# *Group #*

_____
Primary Insurer and Account Number

_____ *(_____) _____-_____ (_____) _____-_____*
Family Physician *Phone* *Phone/Fax*

_____
Family Physician's Full Address

_____
Preferred Emergency Provider or Hospital