

### Authorization for Medical Treatment for Minors

If your child needs medical or dental attention, you as a parent must give permission. For those times when it will be hard to contact you, you can give permission to other adults. With this legal document, you may appoint other adults to act for you in permitting medical or dental care for your child when you are not available. *This document will be kept with a responsible adult.*

**A parent or legal guardian** must sign this authorization form, which **MUST** be notarized.

I \_\_\_\_\_ being the parent (or legal guardian) of the named minor, \_\_\_\_\_, do hereby appoint:

Camp Phoenix appointed physician

**to act on my/our behalf in authorizing unexpected medical, dental or surgical care, or hospitalization for the above named minor, during the period of my/our absence from:** \_\_\_\_\_ - (date of camp). *This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental or surgical care, or hospitalization of such minor may be required.*

Signature of parent or guardian: \_\_\_\_\_

Typed name of parent or guardian: \_\_\_\_\_

In the state of \_\_\_\_\_ and county of \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_, before me personally appeared \_\_\_\_\_ and \_\_\_\_\_ to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, [year].

Notary Signature: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_.

My appointment expires on \_\_\_\_\_.

