Minor's last name:

Authorization of Consent to the Treatment of a Minor

I *(we)*, the undersigned parent*(s)*/guardian*(s)* of the minor*(s)* listed below, do hereby authorize:

Adult chaperones from First Unitarian Church

to act in my *(our)* place to consent to all necessary and appropriate X-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, general or special supervision of any physician or surgeon licensed to practice medicine under the laws of the states of NY.

It is understood that this authorization, which is valid for the duration of the upcoming church year (Sept 2019-June 2020) unless sooner terminated, is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power on the part of my *(our)* aforesaid*(s)* to give specific consent to any physician in the exercise of their best medical judgment is deemed advisable, and is in the best interest of the child/children.

Minor's Name	Birthdate	Allergies	Blood type (if known)
1			
2			
3			
4			
Our Phone Number:			
Our Address:			

Doctor's Name		Phone	
Doctor's Name		Phone	

Medical Insurance Company or Plan:		
Subscriber:	Policy Number	

I(we) assume all financial responsibility for the delivery of such care and will not hold First Unitarian Church liable.

(signature of mother and/or father) date date	Monroe County State of NY