

# **Authorization of Parent/Guardian for other person to consent for treatment of minor patient**

I, \_\_\_\_\_ do hereby authorize Camp Duffield Staff to sign for any medical treatment deemed necessary for \_\_\_\_\_ whose birth date is \_\_\_\_\_. This authorization is valid from \_\_\_\_\_(date) through and including \_\_\_\_\_(date).

Today's Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Print

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

The person herein described has appeared before me and is known by me or has presented sufficient identification to prove that he or she is, indeed, the above individual.

Date \_\_\_\_\_

Notary Public Signature/Stamp \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Identification Number \_\_\_\_\_ Group No. \_\_\_\_\_

Place of Employment \_\_\_\_\_

### **Provide a photocopy of insurance card**

Camper Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Camper Dentist/Orthodontist: \_\_\_\_\_ Phone \_\_\_\_\_

This form should be presented by responsible party at time of treatment.