

MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

I, _____, hereby grant Creek Christian Homeschool Association and Danae Daria, of 3910 S Ruess Rd, Flint, Owosso 48867, the authority to obtain medical treatment for the following child(ren):

Name of Child: _____ Birthdate: _____

The above care provider(s) are authorized to:

- obtain medical treatment and procedures for the child(ren) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.
- obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.).
- administer medications as follows:

Name of Child: _____

Name of Medication: _____

Amount to be Given: _____

Time to be Given: _____

This grant of temporary authority shall begin on _____, and shall remain effective until terminated by the undersigned.

If the child(ren) become ill, the care provider(s) will first try to contact the parent(s). If the parent (s) cannot be reached, the care provider should contact the following physician:

Name of Physician: _____

Address: _____

_____, _____

Phone Number: _____

If the child(ren) need hospitalization, the preferred choice is:

Hospital preference: _____

Address: _____

_____, _____

Insurance Company: _____

Policy Number: _____

Name of Policy Holder: _____

Dated: _____

The care provider(s) may provide the physician and other health care providers with the following health insurance information:

By: _____

Date: _____

Parent Address:

_____, _____

Preferred Phone Number: _____

Alternate Phone Number: _____