Warwick Living History Group

Medical Authorization for Minors

I, _____, the parent(s) of or legal guardians(s) of _____, a minor, do herby authorize the group and/or person(s) that follow, _____, _____, _____, as agent(s) for myself (ourselves) in my absence or incapacitation to consent to any x-ray examination and anesthetic, medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital whether or not such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician in the exercise of his or her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to the above named agents upon the completion of treatment.

These authorizations shall remain effective until_____, _____.

Insurance information (include company, ID number, policy number, etc.);_____
_____

Signature of Parent or Legal Guardian(s):_____
Date:_____

Copies of this form, duly executed, should be in the possession of the named minor; at least one adult named in the document and present at any event; and the parent or guardian executing the Medical Authorization.

Warwick requires minor participants (i.e., those having to have waivers) whose parent(s) or legal guardian(s) are not present at the event to have a valid Medical Authorization Form. *Warwick* recommends use of the Medical Authorization for all minors whose parent(s) or legal guardian(s) are present.

SUBSCRIBED AND SWORN TO before me_____
this _____day of _____. 20___

Signature of Hospitaler:_____Date:_____