

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).

Date _____

Parent/Guardian _____

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.