

Napa Track Club

Andrea Cardey, President
Paul Jackson, Head Coach

Authorization to consent to treatment of a minor

I, the undersigned parent or legal guardian of _____ a minor, do hereby authorize _____, or any adult representative of the Napa Track Club, as agent(s), for the undersigned, to consent to any examination, X-ray, anesthetic, medical or surgical diagnosis or treatment and/or hospital care said agent(s) deem to be advisable.

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 our aforesaid agent(s) to give specific consent to any or all such diagnosis, treatment or hospital care which the aforementioned agent(s) in the exercise of his/her best judgment may deem advisable.

The authorization shall remain effective from March 31, 2008 through July 27, 2008.

Date: _____, 2008 **Signed:** _____
Parent or Legal Guardian

Minor's Address: _____

Telephone number: _____

Age: _____ Birth Date: _____ Ht: _____ Wt: _____

Parent or Legal Guardian's Work Telephone: _____

Mother's Cell Phone: _____

Father's Cell Phone _____

Nearest Relative: _____ Relationship : _____

Relative's Telephone: _____

Medication allergies: _____

Insurance Information

Name of Insurance company _____ ID# _____

Group # _____ Telephone # _____

Insured's name _____ Relationship to minor _____