

## Authorization for Medical Treatment of a Minor

I do hereby state that I have legal custody of \_\_\_\_\_, a minor. I grant my authorization and consent for the medical director and/or administration at RPRY Day Camp to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is deemed life threatening or in need of emergency treatment, I authorize the medical director and/or administration at RPRY Day Camp to summon any and all professional emergency personnel to attend, transport and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority, and power on the part of the medical director and/or administration at RPRY Day Camp in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: \_\_\_\_\_.

Parent/Legal Guardian signature: \_\_\_\_\_.

Printed Name: \_\_\_\_\_.

Date: \_\_\_\_\_.