

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

Name of Minor

Birthdate

Allergies/Special Conditions

We, being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint:

Terry Cater-Cyker

121 Brook Way, Ithaca, New York

Marianne Montague

126 Indian Creek Road, Ithaca, New York

Karen McCaffery

145 Oakwood Lane, Ithaca, New York

to act on my behalf in authorizing medical, dental, surgical care and hospitalization for the above named minor during the period of:

May 20-23, 2019

Signature of Parent/Guardian

Address

Phone _____

Date: _____

Hospitalization for the above named minor:

Insurance Plan Services

ID or Contract Number