

**MEDICAL RELEASE -- required for ALL MINORS (0-17 years)**

**Authorization to Consent to Treatment of a Minor**

**Family/Group Leader Name** \_\_\_\_\_

I, as the undersigned parent or guardian of the minors listed on this form (less than 18 years of age), and group leader for members in my party, do hereby authorize \_\_\_\_\_ Bahá'í School, or its designated representative, agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. As the parent/guardian of a minor under the age of 18, I understand that this authorization enables \_\_\_\_\_ Bahá'í School to arrange medical care for my dependent minor in the event I am unavailable.

I understand that I am responsible for payment of any and all medical expenses incurred on behalf of my dependent minor(s). This authorization shall remain effective from during the session dates listed above, when my family or group member is attending the \_\_\_\_\_ Bahá'í School.

Additional Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Minor's Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Minor's Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b><i>List any Allergies, Handicaps, Limiting Health Conditions, Medications, Reactions to Medications:</i></b>

**SIGN for MEDICAL RELEASE for MINORS:**

**Family/Group Leader Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_