

AUTHORIZATION

for medical treatment of minors

If your child needs medical, dental, health or hospital services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you, in your absence, regarding the treatment of your child.

This is a legal document. After you complete this form, give a copy to each adult you have named to act on your behalf. If your

child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person - physician, dentist or hospital representative.

When a true emergency exists, a child may be treated without parental consent. This will happen only when a physician determines the child needs immediate medical care and an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

IDENTIFICATION

Name of minor _____ Birthdate _____

Known allergies _____

Special conditions _____

Date of last Tetanus shot _____

Medications now being taken _____

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR

Insurance company or government program _____

I.D. or contract number _____

FAMILY PHYSICIAN -

Name _____ Phone number _____

Address _____

I, being the parent of custody or legal guardian of the above named minor, do hereby appoint:

Name The Staff of Hebrew Tabernacle Phone number 212 568 8304

Address 551 FT. Washington Avenue, N.Y. 10034

to act on my behalf in authorizing unexpected medical, dental or surgical care, or hospitalization for the above named minor in my absence.

Signature _____

Date _____

Address _____

Phone number _____

Signature of witness _____

Date _____

Address _____

Phone number _____

This form is valid for a period of one year from the date signed.