



Please complete ONE form for each minor child (under age 18) and leave in the possession of adult responsible for minor's care. Please print or type. Thank you.

I (We) will be out of town or otherwise unavailable to consent from \_\_\_\_\_ to \_\_\_\_\_.  
Return Date

MY CHILD:

Full Legal Name	Age	/ / Birth Date
Home Address	City	State
		Home Telephone No.

Medical History

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Current Medications

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Allergies

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My child will be staying with the following person(s) whom I appoint as short term guardian(s):

Name	Relationship
Home Address	City
	State
Home Telephone No.	

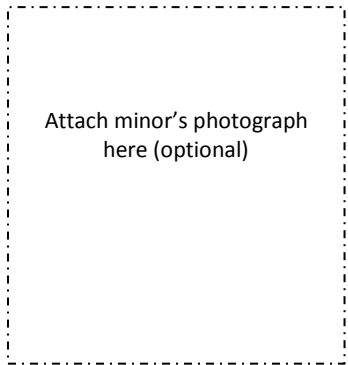
During this period, with this document, I hereby authorize a licensed medical care institution and physicians to render medical care as may be required. I also authorize the person named above to consent to any medical treatment deemed necessary by our physician or the services physician.

Our family physician (or pediatrician) is:

Physician Name	City	State	Telephone No.
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Please notify said physician.

Mother/Father Signature	Date	Time
Legal Guardian Signature	Date	Time
Witness Signature	Date	Time



This appointment will expire on the return date above.

**APPOINTMENT AND CONSENT FOR MEDICAL TREATMENT**