

EMERGENCY MEDICAL TREATMENT

Authorization to Consent to Treatment of a Minor

We (I) the undersigned, parent(s) of _____, a minor, do hereby authorize the Shrine Chowder Bowl Classic, its representatives, coaches and Melha Shriners as agents 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 to be rendered under the general supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority, and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his best judgement, may deem advisable.

This authorization will remain in effect until June 26, 2010.

Date: _____

Signed: _____
Parent/Guardian