

**AUTHORIZATION FOR MEDICAL
TREATMENT OF A MINOR**



I, _____ the undersigned parent
(Please print name)
or person having legal custody or the legal guardian of

(Minor's Name)

authorize the Staff of Camp Funnybone to consent to any medical examination, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon, or dentist licensed under the law of the State of Oklahoma.

In giving this consent, I recognize and understand that in situations where the above-named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I authorize a physician, surgeon, or dentist to exercise his/her professional judgement, assess the risks and choose the necessary treatment and render such care and perform such treatment as he/she in his/her professional judgement determines to be necessary for the health and safety of the above-named minor.

Signature of Legal Guardian

Date

Phone Number

No parent likes to think about their child getting hurt – especially while they're away. But, accidents happen. That is why we've designed this authorization form in accordance with Oklahoma law, to give permission for a physician or dentist to provide necessary care to a child whose parents are not immediately available.

PATIENT INFORMATION

Minor's Name

Minor's Telephone Number

Minor's Address

Date of Birth

Minor's Doctor

Telephone Number

Date of Last Tetanus Shot (month/year) _____

Current medications being taken by minor: _____

Minor's medical history: _____

Allergies (if any): _____