AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR
SCHOOL YEAR 20__ - 20__

(I) and/or (WE), the undersigned, parent (s) of _____ (child's name) a minor, do hereby authorize **Seagull Schools, Inc. ,** as 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 to be rendered under the general or special supervision of any physician and surgeon licensed in the State of Hawaii and on the Medical Staff of _____(name of hospital) Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the 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/her best judgement may deem advisable.

This authorization shall remain effective until September 15, 20__ unless sooner revoked in writing delivered to said agent (s).

Date_____(current)

Signature: Father/Legal Guardian _____

Home Phone: _____Work Phone: _____

Signature: Mother/Legal Guardian _____

Home Phone: _____Work Phone: _____

Emergency Contact_____Relationship: _____
(other than parent)

Address_____

Home Phone_____Work Phone: _____

Doctor _____

Address _____