

The Society for Creative Anachronism, Inc.

MEDICAL AUTHORIZATION FOR MINORS

(required for all minors participating without their parent or guardian present)

I, _____, the parent or legal guardian of
_____, a minor, do hereby authorize any one or more of

_____, _____, _____
as agents for myself in my absence or incapacitation to consent to any x-ray examination and anesthetic, medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the the provisions of the Medical Practice Act on the medical staff of any hospital whether or not 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 the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgement may deem advisable.

I hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the above-named agents upon the completion of treatment.

The authorizations shall remain effective until _____, 20___, unless sooner revoked in writing delivered to said agents;

Parent or Legal Guardian Signature: _____ Date: _____

Please note any specific health plan or insurance information such as membership or policy numbers on the back of this form.

Copies of this form, duly executed, should be in the possession of the named minor; at least on adult named in the document and present at the event; and the parent or guardian executing the Medical Authorization.

The SCA *requires* minor participants (i.e. those having to have waivers) whose parents or legal guardians are not present at the event to have a valid Medical Authorization form and to be accompanied at any event to be accompanied by one or more of the persons named on the form. The SCA *recommends* use of the Medical Authorization for all minor attendees whose parent or legal guardians are present.

NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On _____ before me, _____ personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public

My Commission Expires: _____

(notary seal)