

Authorization to Treat a Minor

I/We the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff of any acute general hospital holding a current license to operate a hospital from the State of Arizona. 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 to render care which the aforementioned physician, in the exercise of her/his best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to transporting the student to an emergency facility or the rendering of treatment to the patient to such facility, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

YOU ARE PRESUMED TO HAVE CONSENTED TO EMERGENCY TREATMENT TO PRESERVE LIFE OR LIMB.

This consent shall remain effective until rescinded.

Signature of Parent(s) or Guardian(s): _____ Date: _____

Complete the section below ONLY if you refuse Consent for Emergency Medical Treatment

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to do the following:

Signature of Parent(s) or Guardian(s) _____ Date: _____

Photograph Release (One per Family)

From time to time, we take pictures of children involved in school activities to use for display in-house, or as part of promotional materials. We would like premission for this use.

I give my permission for photographs of my child(ren), _____

to be used in publications of Congregation Chaverim for promotional purposes.

Parent/Guardian Signature

Date