



2011/2012 EuroCrossCamp
Consent To Treat A Minor - Appointment of Agent
PLEASE COMPLETE THE FOLLOWING INFORMATION

I, as the _____ (father/ mother / guardian) of the below named minor, hereby appoint _____ (appointee), who is lawful age as my representative for the purpose of authorization and consent for hospital/ medical care and treatment of _____ (name of minor) for any illness or injury that may occur while this person is under the care/ custody of the appointee between the dates of _____ to _____ while I am unable to give such consent.

Signature _____

Relationship _____ Date _____

Personal information

Name: _____ Date of birth _____

Chronic Illness/ Allergies _____

Physician _____

Insurance Co. _____

Policy number _____

Insured _____