

EuroCrossCamp
Consent for Treatment of Minor,
Appointment of Agent

I, as the _____ of the below named minor, hereby appoint _____,
(father/ mother / guardian) (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.

Notary (Seal, Name, Date)

(parent or legal guardian)

(Date)

Personal information

Name: _____ Date of birth _____

Chronic Illness/ Allergies _____

Physician _____

Insurance Co. _____

Policy number _____

Insured _____