

AUTHORIZATION TO OBTAIN MEDICAL TREATMENT FOR MINOR CHILD

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between Circle Lake Ranch, Inc., hereinafter referred to as "Management" and _____, hereinafter referred to as "Parent."

Management is hereby authorized to obtain any and all medical treatment Management deems reasonably necessary for my minor child and/or children.

Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Management shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of Child(ren)	Social Security Number
_____	_____
_____	_____
_____	_____

Health Insurance Carrier: _____

Plan or Identification Number: _____

Primary Health Care Provider & Telephone Number:

Parent's Names and Emergency Telephone Numbers:

Mother's Name	Work Telephone	Home Telephone	Cell Phone
_____	_____	_____	_____
Father's Name	Work Telephone	Home Telephone	Cell Phone
_____	_____	_____	_____

Signature of Parent or Guardian

STATE OF (_____)

)SS:

COUNTY OF (_____)

The foregoing instrument was subscribed and sworn to before me by _____, Parent or Guardian, on the _____ day of _____, _____.

NOTARY PUBLIC

My commission expires:
