



**AUTHORIZATION TO OBTAIN URGENT 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)	Insurance Identification
_____	_____
_____	_____
_____	_____
<b>INSURANCE INFORMATION</b>	
Health Insurance Carrier: _____	
Plan or ID Number: _____	
Primary Health Care Provider & Telephone number: _____	
<b>URGENT CONTACT INFORMATION</b>	
Parent or Guardian 1 Printed Name: _____	
Telephone Numbers: _____	
Parent or Guardian 2 Printed Name: _____	
Telephone Numbers: _____	

\_\_\_\_\_  
Signature of Parent or Legal Guardian

STATE OF ( \_\_\_\_\_ )

COUNTY OF ( \_\_\_\_\_ )

The foregoing instrument was subscribed and sworn to before me by \_\_\_\_\_, Parent or Guardian, on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

My Commission Expires: \_\_\_\_\_