

MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

I, the undersigned parent, hereby grant Russell Steinberg and LAYO Representatives, of 4570 Van Nuys Blvd. #274 Sherman Oaks, CA 91403, the authority to obtain medical treatment for the following child(ren):

Name of Child: _____

Birthdate: _____

Name of Child: _____

Birthdate: _____

The above care provider(s) shall have the authorization to:

-Obtain medical treatment and procedures for the child(ren) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.

-Obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.)

-Administer medications as follows:

_____ No prescriptions needed.

_____ Just basic pain medications as needed.

Name of Child: _____

Name of Medication: _____

Amount to be given: _____

Time to be given: _____

Other Information: _____

This grant of temporary authority shall begin on June 23, 2015, and shall remain effective through July 2, 2015.

In case of emergency, the care provider(s) should first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should then contact the following person(s) in the order listed below:

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Additional Contact Number(s): _____

If the child(ren) become ill, the care provider(s) will first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should contact the following physician:

Name of physician: _____

Telephone number: _____

Address: _____

The care provider(s) may provide the physician and other health care providers with the following health insurance information:

Insurance company: _____

Policy number: _____

Name of Policy Holder: _____

Signature:

Name (Please Print) _____ Date: _____

Preferred contact number: _____

Alternate contact number: _____

Address: _____
