

AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR

(I), (We), the undersigned, as parent/grainor, do hereby authorize the Hiller Acconsent to any x-ray, examination, and and hospital care which is deemed adversecific supervision of any physician a Medical Practices Act on the medical sor treatment is rendered at the office of	Aviation Museum as agent(s) for the sthetic, medical or surgical diagnosisable by, and is rendered under the and surgeon licensed under the prostaff of a licensed hospital, whether	he undersigned to osis or treatment ne general or evisions of the or such diagnosis
It is understood that this authorization treatment or hospital care being require the part of our aforesaid agent(s) to give treatment or hospital care which the af best judgment, may deem advisable.	ed but is given to provide authority specific consent to any and all s	y and power on uch diagnosis,
This authorization shall remain in effective or until the end of the writing and delivered to said agent(s).	ct for twelve months from this date e current calendar year unless soo	
We hereby give permission for my/our Aviation Camp program at the designation instructional staff permission to take a	ted locations, including field trips	. I give the
Parent/Guardian (Print Name)	Signature	 Date