

AUTHORIZATION FOR MEDICAL CARE OF A MINOR

I (We), _____,
the parent(s) or guardian(s) of _____,
whose date of birth is _____, do hereby authorize Frank Hillyard,
Christopher Bookie, Weston Hosler, or an adult representative of the Kenowa
Hills Instrumental Boosters Organization, to seek emergency transportation,
emergency care or treatment and hospital care to the above named minor. I (we)
will be notified as soon as possible after the care has been provided.

In giving this consent, I (we) understand that attempts will be made to contact me (us) regarding my (our) minor child's medical condition but certain situations may arise where my (our) minor child requires immediate medical or hospital care and I (we) may not be available to give consent to care and treatment. In such situations, I (we) recognize that I (we) may not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks associated with a particular treatment or procedure or the lack of treatment. In such situations, I (we) authorize a health care provider to exercise his/her professional judgment, assess potential risks and choose the necessary treatment and to render such care and perform such treatment as he/she in his/her professional judgment determines to be necessary for the health and safety of my minor child.

Signature of Parent or Legal Guardian

Date

Signature of Parent or legal Guardian

Date

Notary

Date