

Westminster Presbyterian Church
724 Delaware Avenue
Buffalo, NY 14209-2294

2009 MISSION WORKCAMP TRIP TO MAINE
AUTHORIZATION TO CONSENT TO
TREATMENT TO MINOR TEMPORARILY SEPARATED
FROM LEGAL GUARDIAN

I, the undersigned, legal guardian of _____, a minor, do hereby authorize Deborah Katz as my agent to consent to any diagnostic and /or surgical procedure or any other medical treatment which is deemed advisable by, and is to be rendered under the general or special supervision of any license physician and surgeon (on the staff of or engaged by any hospital, or other duly licenses entity), whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any and all such procedure, treatment or other hospital care which the physician or hospital in the exercise of his/her or its best judgment may deem advisable.

This authorization shall be effective at 5:30 a.m. on Monday, June 29, 2009 and will remain effective until 9:00 p.m. on Monday, July 6, 2009 (or until the vans arrive at the Westminster Presbyterian Church parking lot that night).

Date of last Tetanus shot: _____. *Please* be sure this is up to date.

Are you allergic to any medications? _____

If you take medication regularly, will you have it with you? _____

Can you take aspirin? _____ Tylenol? _____

Is there anything the Advisors should know about the general health of this young person?

Type of Print Name

Signature of Legal Guardian

Home Telephone Number

Cell/Office Telephone Number

Insurance Carrier

Group # and Policy #

Emergency Telephone Number

*****This form is due, along with the tuition check, by June 14, 2009.**