



## MEDICAL AUTHORIZATION

**NAME OF CHILD:**

**NAME OF PARENT OR GUARDIAN:**

**ADDRESS/PHONE NUMBER:**

1. Medical Information: Does the child named above have any allergies, medical problems or special physical needs that could interfere with his/her participation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

Child's Physician:

Physician's Phone Number: (\_\_\_\_)

2. Authorization and Power of Attorney: In the event of Child's sudden illness or injury which in the reasonable opinion of the Children's PressLine Supervisor requires medical advice or attention, undersigned parent or guardian authorizes the Children's PressLine Supervisor in undersigned's name, place and stead to obtain such medical advice, treatment, or attention to the same extent as undersigned could do personally present and acting for the Child, hereby ratifying all such Children's PressLine Supervisor shall do by virtue hereof. This Power of Attorney, or agent shall terminate when child has returned from the field trip. I further authorize the above named physician to release the Children's PressLine Supervisor or any physician or hospital selected by Children's PressLine Supervisor to provide medical advice, treatment, or attention to Child, any and all medical information pertaining to Child which may be reasonably necessary to assist such advice, treatment, or attention.

**SIGNATURE OF PARENT/GUARDIAN:**

**DATE:** \_\_\_\_\_