

# MEDICAL AUTHORIZATION

I, the undersigned parent or guardian of \_\_\_\_\_ , do hereby authorize any of the official chaperones for the 2009 Superior Days Delegation to Madison, WI to arrange and contact for on my behalf any medical, surgical or hospital procedures that such chaperones shall consider necessary for the care and welfare of my said child at any time or place from February 24-26, 2009 and I do hereby expressly agree to pay all charges not covered by my insurance for any such services directly to the person or institution rendering same. I understand that I will be notified by telephone as soon as possible should any treatment become necessary. I also authorize any of the official chaperones to give my child acetaminophen (e.g. Tylenol) or ibuprofen as the chaperones may deem necessary.

We have health and accident insurance in effect with the following company: \_\_\_\_\_ Policy # \_\_\_\_\_

Our child's medical records are on file at: \_\_\_\_\_  
\_\_\_\_\_ .

Known allergies or other medical conditions: \_\_\_\_\_  
\_\_\_\_\_ .

**Name of Delegate:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** M / F

**EMERGENCY NUMBERS:** Home \_\_\_\_\_ Work \_\_\_\_\_  
Other \_\_\_\_\_

We have carefully read the above and do affirm that we fully understand and agree to the conditions set forth herein.

**DATE:** \_\_\_\_\_  
\_\_\_\_\_  
(Signature of parent or guardian)