

KNIGHT'S RIDGE RIDING CENTER

AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR

\_\_\_\_\_, OF \_\_\_\_\_ COUNTY, AM

THE CUSTODIAL PARENT HAVING LEGAL CUSTODY OF \_\_\_\_\_,

A MINOR, AGE \_\_\_\_\_, BORN, \_\_\_\_\_. I AUTHORIZE ANY ADULT(S) ACTING AS SUPERVISORS FOR THE KNIGHT'S RIDGE RIDING CENTER HORSE CAMP AND IN WHOSE CARE THE MINOR CHILD HAS BEEN ENTRUSTED, TO DO ANY ACTS WHICH MAY BE NECESSARY OR PROPER FOR THE HEALTH CARE OF THE MINOR CHILD INCLUDING, BUT NOT LIMITED TO, THE POWER (1) TO PROVIDE FOR SUCH HEALTH CARE AT ANY HOSPITAL OR OTHER INSTITUTION, OR THE EMPLOYING OF ANY PHYSICIAN, DENTIST, NURSE, OR OTHER PERSON WHOSE SERVICES MAY BE NEEDED FOR SUCH HEALTH CARE, AND (2) TO CONSENT TO AND AUTHORIZE ANY HEALTH CARE INCLUDING ADMINISTRATION OF ANESTHESIA, X-RAY EXAMINATION, PERFORMANCE OF OPERATIONS, AND OTHER PROCEDURES BY PHYSICIANS, DENTISTS, AND OTHER MEDICAL PERSONNEL EXCEPT THE WITHHOLDING OR WITHDRAWAL OF LIFE SUSTAINING PROCEDURES.

CUSTODIAL PARENT

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_