

Authorization for Medical Treatment

Name of Minor _____ Date of Birth _____ Gr. _____

Identify Allergies or Special Conditions: _____

I/We, being the parent(s) or legal guardians(s), of the above minor, do hereby appoint:

LaFargeville School Representative LaFargeville Central School 658-2241
20414 Sunrise Ave
LaFargeville, NY 13656

_____ LaFargeville Central School 658-2241
20414 Sunrise Ave
LaFargeville, NY 13656

To act on my/our behalf in authorizing medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence from

September 5, 2017 through June 22, 2018

This document shall be presented to a physician, dentist, or appropriate hospital for the above time as unexpected medical, dental, surgical care, or hospitalization may be required.

Parent Signature: _____ Date: _____

Address: _____

Phone Number _____

Hospitalization Coverage for Above Named Minor

Insurance Company / Government Program:

Id or Contract Number:

Family Physician:

Phone Number:

Adopted 5/23/83

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

A person is deemed to be a minor in New York State if he/she is under 18 years old (N.Y. Domestic Law, Section 2). Medical consent on behalf of minors is governed by Section 2504 of the Public Health Law of the State of New York (see below).

This authorization is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors- anyone who is over 18 years of age- to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

After you complete this form, give it to the adult you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person- physician, dentist, or hospital representative.

New York State Public Health Law
2504 Enabling certain persons to consent for certain medical, dental, health and hospital services.

1. Any person who is eighteen years of age or older, or is the parent of a child or have married may give effective consent for medical, dental, health, and hospital services for himself or herself, and the consent of no other person shall be necessary.
2. Any person who has been married or who has borne a child may give effective consent for medical, dental, health, and hospital services for his or her child.
3. Medical, dental, health, and hospital services may be rendered to persons of any age without the consent of a parent or legal guardian when, in the physicians' judgment, an emergency exists and the person is in immediate need of medical attention and an attempt to secure consent would result in delay of treatment which would increase the risk to the person's life or health.
4. Anyone who acts in good faith based on the representation by a person that he is eligible to consent pursuant to the terms of this section shall be deemed to have received effective consent.