

MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

I, _____, hereby grant Austin Craft Lounge, of 12919 Nutty Brown Road, Austin, Texas 78737, the authority to obtain medical treatment for the following child(ren):

Name of Child: _____

Birthdate: _____

The above care provider(s) are authorized to:

Obtain medical treatment and procedures for the child(ren) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.

This grant of temporary authority shall begin on June 18, 2018, and shall remain effective through June 22, 2018.

In case of an emergency, the care provider(s) should first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should then contact the following person(s) in the order listed below:

Name: _____

Relationship to Child: _____

Address: _____, _____

Place of Employment: _____

Preferred Phone Number: _____

Alternate Phone Number: _____

If the child(ren) become ill, the care provider(s) will first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should contact the following physician:

Name of Physician: _____

Address: _____, _____

Phone Number: _____

Dated: _____

Parent or Gaurdian: _____

Address: _____, _____

Preferred Phone Number: _____

Alternate Phone Number: _____