

Authorization for the Medical Treatment of Minors

Boy's Gymnastic Team Competition

Names of Minors	Birthdate	Identify Allergies or Special Conditions

I/we, being the parent(s) or legal guardian(s) of the above named minor(s) do here by appoint:

Name	Address	Phone
James Curtis Wilson	17016 Juliana Eastpointe Mi. 48021	1(248)852-7950
Brandon Moore	1974 Stonington Ct. Rochester Hills 48306	1(248)852-7950
Scott Moore	13595 Strathcona Apt 201 Southgate MI. 48195	1(248)852-7950

To act in my/behalf in authorizing medical, dental, surgical care and hospitalization for the aboved named minor(s) during the period of my/our absence, from:

Month	Day	Year		Month	Day	Year
November	1st	2012	Through	October	31st	2013

In no event shall this delegation of parental rights be effective for more than 1 year.

This document shall be presented to a physican, dentist or appropriate hospital representative in such time as medical, dental, surgical care or hospitalization may be required.

Parent/Guardian

Parent/Guardian

Signature		Signature	
Address	Date	Address	Date

Witness (Notary/Public)

Seal

Signature	County
Address	Expiration Date

Hospitalization Coverage for Above Named Minor(s)

Insurance Company or Government program	I.D. or Contract Number
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Family Physicans:

Name and phone Number	Name and phone Number
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