

Authorization for the Medical Treatment of Minors

Girl's Gymnastic Team Competition

Identify Allergies

Names of Minors Birthdate 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
Dave Begian	1064 Paint Creek Lane, Rochester, MI 48306	248-852-7950
Lynda Rourke	16524 Glen Pointe Clinton Twp, MI 48038	248-852-7950
Patrick Holliday	2120 Coy Ferndale, MI 48220	248-852-7950
Alexa Kitson	8148 Ranch Estates Clarkston, MI 48348	248-852-7950
Amanda Allen	3493 Newgate Rd Troy, MI 48084	248-852-7950
Leslie Muzzio	1885 Snowden Ct Rochester Hills, MI 48306	248-852-7950
Michele Avery	43726 Holmes Dr. Sterling Heights, MI 48314	248-852-7950
Brittany Iserman	3335 Palm Aire Ct. Rochester Hills, MI 48309	248-852-7950

To act in my/belhalf 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	Through	Month	Day	Year
November	1	2012		October	31	2013

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

This document shall be presented to a physician, 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 Physicians:

Name and phone Number	Name and phone Number
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