

This form grants temporary authority to Flinders Therapy House Staff to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to the trip leader or shown to the trip leader and then carried by the designated adult.

Minors Full Legal Name: _____

Home Address: _____

Date of Birth: _____

Gender: Female Male

Parent (Caregiver): _____

Contact Number: _____

Emergency Contact #2: _____

Minor's Doctor Information

Name and Location of Practice: _____

Physician's Phone #): (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Ambulance Cover? Yes No Policy Number: _____

Allergies to Medications: _____

AUTHORISATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorisation and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorise the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor.

It is understood that this authorisation is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Parent (Legal Guardian) Full Name:	
Parent (Legal Guardian) Signature:	
Date:	
Witness Full Name:	
Witness Signature:	
Date:	