



**Parent/Guardian Authorization for  
Emergency Treatment for a Minor Child**



As the parent or legal guardian for \_\_\_\_\_ whose date of  
birth is \_\_\_\_\_, I hereby give my permission for Platinum Gymnastics  
Staff Member in charge: \_\_\_\_\_ to seek medical  
attention for my child in the event of an emergency as follows:

- Medical
- X-ray examination
- Anesthetic
- Licensed Dentist
- Licensed Hospital
- Emergency Medical Attention

Whether diagnosis or treatment is rendered at the office of the physician or dentist, or licensed hospital, I authorize the physician or dentist to call in any necessary consultants at his/her discretion.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/her best judgment as to the requirements of such diagnosis, medical, dental or surgical treatment.

This consent shall be come effective on the date signed below and remain in effect until Aug 31, 2009, unless sooner revoked in writing, delivered to said physician or dentist or said persons entrusted with the custody, care and control of said minor child.

Effective this Date: \_\_\_\_\_

Parent / Guardian of Minor Named Above \_\_\_\_\_  
(Printed Name)

Parent / Guardian of Minor Named Above \_\_\_\_\_  
(Signed Name)

Witness: \_\_\_\_\_

List all know allergies: \_\_\_\_\_

List all previous injuries: \_\_\_\_\_