

The Society for Creative Anachronism, Inc
Medical Authorization for Minors
(including Youth Combat permission)

I, _____, the parent or legal guardian of
_____, a minor, do hereby authorize any one or more of
_____, _____ or
_____ as agents for myself in my absence or incapacitation to consent to any x-ray examination and anesthetic, medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital whether or not such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor the above-named agents upon the completion of treatment.

These authorizations shall remain effective until _____, _____.

Signature of Parent or Legal Guardian's: _____

Date: _____

Please note any specific health plan or insurance information such as membership or policy numbers on the back of this form.

Copies of this form, duly executed, should be in the possession of the named minor; at least one adult named in the document and present at the event; and the parent/guardian executing the Medical Authorization.

The SCA requires minor participants (i.e., those having to have waivers) whose parents or legal guardians are not present at the event to have a valid Medical Authorization form. The SCA recommends use of the Medical Authorization for all minor attendees whose parents/legal guardians are present.

I, _____, hereby give the above-named agent(s) the authority to allow the above-named minor to participate in SCA youth combat activities.

STATE OF _____ COUNTY OF _____

I, a Notary Public of the State and County aforesaid, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official stamp or seal, this the _____ day of _____, 20____

Notary Public (notary seal)

My Commission Expires: _____