

AUTHORIZATION FOR MEDICAL/SURGICAL TREATMENT

I, _____ being the custodial parent and/or legal guardian of
(Print Name)

_____, born _____ in _____. And pursuant to 745 ILCS 70/3 (a)
(Name of Child) (Date of Birth) (State)

do hereby authorize _____ and/or _____
(Print Name of Authorized Person) (Print Name of Authorized Person)

to consent to and secure for or on my behalf medical and/or surgical treatment for my child.

The consent of any person listed below shall be the equivalent of consent by us personally and any physician, hospital, clinic or medical establishment, including emergency medical personnel, may rely upon said consent in rendering medical treatment to said clinic, including, but not limited to, diagnoses, treatment, medication and surgery.

This consent shall remain in effect until revoking in writing by the undersigned but no more than (60) days from the date of execution.

The adult person/s authorized to secure for and on our behalf medical and/or surgical treatment for and on our behalf of my child are:

Printed Name of Authorized Person Printed Name of Authorized Person

Signature of Authorized Person Signature of Authorized Person
(Signature of authorized person(s) can be obtained at the time of arrival to River Road Rally Park and does not need to be notarized.)

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

INSURANCE INFORMATION:

Name of Health Insurance Company: _____

Policy # or I.D. #: _____

Address of Carrier: _____

Known Allergies or conditions we should be aware of: _____

I affirm under the pains and penalties of perjury that the foregoing representations are true and correct.

Parent / Legal Guardian Printed Name Signature Date

Before me, a notary public in and for said county and state, personally appeared _____ (Date) who acknowledged the execution of foregoing Consent and Authorization for Medical Treatment and stated that the representations contained therein are true and correct to the best of their knowledge and belief.

Notary Public: _____

Signature: _____ Printed: _____

Date: _____ Seal

My Commission Expires: _____

Received by: _____ Date: _____

River Road Rally Park, Inc.