

JENISON BANDS  
PARENTAL CONSENT FOR MEDICAL TREATMENT OF MINORS 2023-2024

Have your signature witnessed by a NOTARY PUBLIC. **The Notary Public must use a RAISED EMBOSSED STAMP on this form.** Most banks can provide this service for you.

If your child needs medical treatment, an adult representative of the Jenison High School Band program will present this document to the appropriate person - physician, dentist, hospital, etc.

## AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

Name of Minor	Birthdate	Any allergies or special conditions
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I/we, being the parent(s) or legal guardian(s) of

do hereby appoint an adult representative of the Jenison High School Band to act on my/our behalf in authorizing any emergency or non-emergency medical, dental, surgical care and/or hospitalization that they deem necessary for the above-named minor during the period of my/our absence. *Effective dates:*  
*June 12, 2023 - June 11, 2024*

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as medical, dental, surgical care or hospitalization may be required.

**\*(Wait to sign until you are in front of the Notary and have your driver's license for ID)**

\* \_\_\_\_\_  
Parent/Guardian Signature Date

Address	City	State	Zip	Phone
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Phone	Work Phone
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NOTARY PUBLIC WITNESS NAME	DATE	RAISED SEAL
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**INSURANCE COVERAGE FOR THE ABOVE-NAMED MINOR:**

Insurance Company/Provider	Name of Subscriber
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Policy/Contract Number	Plan phone number (if pre-authorization is required)
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Family Physician(s) Name	Physician Phone
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**\*Emergency Contact** (if parents cannot be reached)

**\*Emergency Contact Phone:**