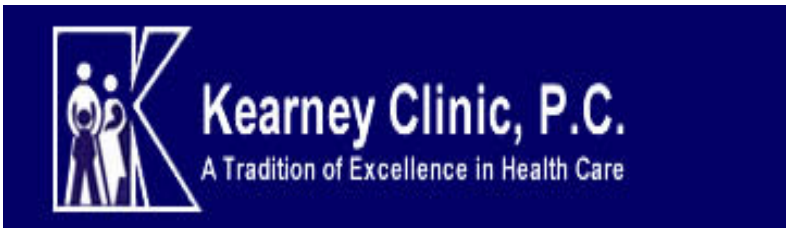

Name:_____
Address:_____
City:_____

State:_____

AUTHORIZATION TO CONSENT FOR A MINOR

BE IT KNOWN that the undersigned, _____, of _____, Nebraska, being the natural parent of _____ _____, a minor(s), pursuant to Section 30-2604, NEBRASKA R.R.S. 1943, hereby appoint _____ of _____, Nebraska, my attorney in fact, for me and in my name and stead to consent to and to authorize any medical care or hospital treatment or surgical treatment, at my expense, of my said child(ren), hereby giving unto my said attorney in fact, full authority and power to do everything whatsoever requisite or necessary to be done, as fully as I could or might do if personally present, hereby confirming and ratifying all that my said attorney in fact shall lawfully do or cause to be done hereunder. This delegation to remain effective until _____ (not to exceed a period of six (6) months from the date hereof.)

DATED:_____

_____ _____

Witness Parent

STATE OF NEBRASKA)
) ss
COUTNY OF BUFFALO)

I, _____, a Notary Public do hereby certify that _____ _____ personally known to me to be the same person who signed the above form, appeared before me at this date in person, and delivered the said instrument as the free and voluntary act, for the uses and purposes therein set forth.

In Witness Whereof, I have hereunto set my hand and seal this _____ day of _____, 20_____.

My Commission Expires:_____

Notary Public

Doctors Name:_____ Phone:_____
Medications Taken Regularly:_____
Last Tetanus:_____ Allergies:_____
Any History of Respiratory Illness? YES_____ NO_____
If Yes, What:_____
Health Insurance Policy #_____ Company_____