

Medical Authorization Form
AUTHORIZATION TO OBTAIN MEDICAL TREATMENT FOR A MINOR CHILD
(Required When Your Dropping Off The Child)

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between 'In The Woods Barn and Garden Center LLC'
hereinafter referred to as 'Management' and _____ hereinafter referred to as 'Parent'.

Management is hereby authorized to obtain any and all medical treatment Management deems reasonably necessary for my
minor child and/or children.

Parent or Guardian to bear any cost connected therewith and shall pay promptly upon billing by Health Care Provider.
Management will incur no financial liability for medical treatment obtained pursuant to this agreement.

Childs Name

Social Security Number

Childs Name

Social Security Number

Childs Name

Social Security Number

Health Insurance Carrier: _____

Plan Identification Number: _____

Primary Health Care Provider: _____

X _____
Signature of Parent or Guardian

State of: _____

County of: _____ ss

The foregoing instrument was subscribed and sworn before me by
_____ Parent or Guardian,

on the ____ day of _____, _____

X _____
Notary Public

My Commission Expires