

SPLENDOR FARMS SUMMER FARM CAMP
AUTHORIZATION TO SEEK MEDICAL TREATMENT

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between Splendor Farms, LLC, hereinafter referred to as "The Farm" and _____, hereinafter referred to as "Parent."

The Farm is hereby authorized to obtain any and all medical treatment The Farm deems reasonably necessary for my minor child and/or children. Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. The Farm shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of Child(ren) & Social Security Number

Health Insurance Carrier: _____

Plan or Identification Number: _____

Primary Health Care Provider & Telephone Number:

Parent's Names and Emergency Telephone Numbers:

Mother's Name, Work Telephone, Home Telephone, Cell Phone (Circle Primary during camp hours)

Father's Name, Work Telephone, Home Telephone, Cell Phone (Circle Primary during camp hours)

Signature of Parent or Guardian

STATE OF _____
PARISH/COUNTY OF _____

The foregoing instrument was subscribed and sworn to before me by _____, Parent or Guardian, on the _____ day of _____, 2013.

NOTARY PUBLIC

My commission expires:
