



KINGDOM OF ANTIR

MEDICAL AUTHORIZATION FOR MINORS

(FOR USE AT U.S. EVENTS)

I, _____, the parent or legal guardian of

parent or legal guardian name

_____, a minor, do hereby authorize any one or more of

minor's legal name

_____, or _____,

legal name of assigned adult

legal name of assigned adult

or _____,

legal name of assigned adult

as agents for myself in my absence or incapacitation to consent to any X-ray examination and anesthetic, medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the *Medical Practice Act* on the medical staff of any hospital whether or not such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgement may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to the above named agents upon completion of treatment.

These authorizations shall remain in effect until _____, _____, _____.

month

day

year

signature of parent or legal guardian

date signed

Please note any specific health plan or insurance information such as membership or policy numbers on the back of this form. Copies of this form, duly executed, should be in possession of the named minor; at least one adult named in this document and present at the event; and the parent or legal guardian executing the Medical Authorization. The SCA **requires** minor participants (i.e. those having to have waivers) whose parents or legal guardians are not present at the event to have a valid Medical Authorization form. The SCA **recommends** use of the Medical Authorization for all minors whose parents or legal guardians are present.

Note: a photocopy or scanned printout of the parent or legal guardian's driver's license or comparable ID that has the parent's or legal guardian's signature displayed must be provided. Highly sensitive information such as a Social Security number may be blacked out, but the signature must be visible for comparison to the signature on this form. The photocopy of the ID and this form must be shown to Gate staff when entering an event, but it is not retained at Gate. Three copies of this form should be made: one stays with the parent or legal guardian, one stays with the adult indicated on this form who is responsible for the minor at the event, and one stays with the minor.

A Notary Signature is recommended by the SCA, Inc., but is not mandatory.

NOTARY PUBLIC

State of _____ County of _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

(notary seal)
Notary Public

My Commission Expires: