

**AUTHORIZATION for EMERGENCY TREATMENT of MINORS**

Name of Minor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I/We, being the parents(s) or legal guardian(s) of the above named minor, do hereby appoint **Onondaga Cortland Madison BOCES** to act in my /our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence during the 2022-2023 school year and/or Summer School 2023.

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

Name of Parent/Guardian: (print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

WITNESSED BY: (signature) \_\_\_\_\_

**Hospitalization coverage for the above named minor:**

Insurance Company or government program: \_\_\_\_\_

Identification or contact number: \_\_\_\_\_

Family Physicians: \_\_\_\_\_

**Alerts:**

\_\_\_\_\_  
\_\_\_\_\_