

**Carefully Read and sign this Medical Authorization**

I hereby consent and authorize the Leadership Committee of the Grand Guardian Council or their designee to authorize any medical treatment deemed necessary in the event of any injury sustained by \_\_\_\_\_ while participating in an activity during the Leadership Weekend May 2-4, 2008. I hereby authorize the afore mentioned adults to consent to appropriate medical care and treatment (in loco parentis) should I be unavailable to render such consent for \_\_\_\_\_.

I covenant and promise to pay for all medical and liability expenses for bodily injury, rescue, or property damage incurred by \_\_\_\_\_ during the Job's Daughters Leadership Weekend, May 2-4, 2008.

Insurance Policy # \_\_\_\_\_

Carrier \_\_\_\_\_

My signature below indicates that I have read this entire document, understand it completely agree to be bound by its terms, and declare this information I put on this form to be true.

Signature of Parent or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ date \_\_\_\_\_