The Society for Creative Anachronism, Inc.

Medical Authorization for Minors

I, ________________________________, the parent of or legal guardian of
_______________________________, a minor, do hereby authorize any one or more of
______________________________ or _______________________________ as agents for myself in my absence or incapacity 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 such 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 the completion of treatment.

These authorizations shall remain effective until ______________. ____________.

Signature of Parent or Legal Guardian: ________________________________

Date: ________________________________

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 the possession of the named minor; at least one
adult named in the document and present at the event; and the parent or 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.

STATE OF

COUNTY OF

SUBSCRIBED AND SWORN TO before me this _________ day of ____________, 20

________________________________ (notary seal)

Notary Public

My Commission Expires: