



Chittenango Child Care Center, Inc.

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Chittenango, NY 13037
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Fax: (315) 687-7652
www.chittenangochildcarecenter.com

MEDICAL AUTHORIZATION AND RELEASE FORM

MEDICAL AUTHORIZATION FOR _____

(Name of Child)

The undersigned, who are the parents or guardians having legal custody of the above-named minor, herby authorize the above-named school, into whose care the above-named has been entrusted, to consent to any X-ray examination, anesthetic medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorize the above-name school to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used **ONLY** in an extreme **EMERGENCY**, when said parents or guardians cannot be or are unavailable to be contacted.

Date: _____

(Parent or Legal Guardian)