FORSYTH COUNTY PARKS AND RECREATION DEPARTMENT

AUTHORIZATION TO TREAT A MINOR

I, the undersigned parent or legal guardian of the participant listen below, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment or procedures and hospital care which is deemed advisable by and is suggested, recommended, prescribed or directed by any physician or surgeon duly licensed to practice in the State of GEORGIA.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the treatments will not be withheld if the undersigned cannot be reached.

This authorization shall remain in effect until the completion of the current season, unless sooner revoked in writing.

PARTICIPANTS NAME	PARENT/GUARDIAN SIGNATURE