

MULHALL-ORLANDO PUBLIC SCHOOL

AUTHORIZTION

TO CONSENT TO MEDICAL AND DENTAL TREATMENT FOR MINOR CHILD TO ADULT NONPARENT

We, _____, of _____
Parent/Guardian Address

County of _____, State of Oklahoma, the parent(s) or guardian(s) having legal custody of _____, who resides with us at the address set forth above, do hereby authorize Mulhall-Orlando Public Schools in whose care the minor(s) has/have been entrusted, to consent such minor(s) to be taken to the doctor or hospital if the parent/guardian cannot be contacted.

This authorization cover the following time period: August 20__ through May 20__

Physician of choice: _____, _____, _____
Name Address Phone

WHO TO CONTACT IF PARENT/GUARDIAN ARE NOT AVAILIALBE

_____, _____, _____
Name Relationship Phone Number(s)

_____, _____, _____
Name Relationship Phone Number(s)

We also give Mulhall-Orlando Public Schools permission for the child/children to be released in the custody of the above named person if the parent/guardians are not available.

Parent Signature Date

STATE OF OKLAHOMA

Parent Signature Date

COUNTY OF LOGAN

Before me, the undersigned, a Notary Public in and for said County and State on the _____ day of _____, 20__, personally appeared _____ to me known to be the identical person(s) who executed the foregoing instrument and acknowledged to me that _____ executed the same as _____ free and voluntary act and deed for the uses and purposes therein set forth.

My commission expires _____

Notary Public Commission Number