AUTHORIZATION FOR MEDICAL CARE AND TREATMENT

STATE OF OKLAHOMA,)
)SS.
ALFALFA COUNTY,)

_____, of lawful age,

being first duly sworn, deposes and says:

That I am the natural parent, or legal guardian of _____.

Further, that I have authorized my child to participate in school activities for Burlington School, Burlington, Oklahoma.

I, the undersigned, do further hereby authorize School Officials, Sponsors, or Coaches to authorize or cause medical treatment, including but not limited to emergency medical care for illness and/or injuries at physician's offices, medical clinics, or hospitals, and hereby further agree to be financially responsible for such care and treatment.

I further state that my home address is _____

And I may be reached at the following telephone numbers:

_____	_____	_____
Home	Work	Cell

_____
Parent/Guardian