

CONFERENCE TO BE ATTENDED _____

THE STAR ISLAND CORPORATION

AUTHORIZATION OF MEDICAL TREATMENT OF MINOR

We hereby severally authorize any duly licensed member or members of the medical profession who may assume or be given professional care of the undersigned minor (thereby meaning a person who has not attained legal majority in his or her state), while said minor is a member, or is in the custody of a member of a conference then being held on Star Island in the State of New Hampshire, to administer any medical or other treatment or treatments, including anesthesia and hospitalization, and to perform any surgical operation or operations which may to such member or members of the medical profession appear to be reasonably necessary or desirable for said minor's physical or mental health and well being. This authorization shall not apply or be effective in any instance where a parent or legal guardian of such minor is present and is competent to act on said minor's behalf.

We also authorize any physician, hospital, medical attendant or others to furnish the Star Island Corporation, or any of its representatives or designees, any and all information or opinions which they may request regarding the physical condition and treatment of the undersigned minor and to allow them to see, copy or photograph any X-rays, reports or records pertaining to the physical condition or treatment of said minor, including information concerning _____ present condition and _____ past history. We hereby waive any privilege we have to said information and are willing that a photostat of this authorization be accepted with the same authority as the original.

The minor above referred to (to be signed by the minor of 12 years or over, otherwise name to be written by the undersigned on the minor's behalf).

_____ Date _____
Parent or legal guardian (state relationship)

Witness

This young person will be attending under the supervision of:

NOTE: This permission must be signed by the minor coming to Star Island without his or her parents. It must also be signed by his or her legal guardian and should be returned immediately to the Registrar of the conference to be attended. Applications for conference registration cannot be processed without this form.

PLEASE FILL OUT THE OTHER SIDE OF THIS PAGE

Minor's name: _____

Minor's social security no.: _____

(If minor has none, give number of parent or guardian who signed on the reverse side)

Parent or guardian's no.: _____

Minor's insurance company name/no.:

Parent or guardian's insurance company name/no.: _____

Identify and describe minor's other medical or hospital insurance:

Person to contact in case of an emergency:

Name: _____

Address: _____

Phone number (day): _____

Phone number (night): _____