



Authorization of Consent to Treatment of a Minor

550 Cascade Mall Drive Burlington, WA

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I, the undersigned parent/guardian of _____, a minor, do hereby authorize the Children's Museum of Skagit County, as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of a physician and/or surgeon licensed under the provisions of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization shall remain in effect for one year from this date ____/____/____, unless sooner revoked in writing and delivered to the Children's Museum of Skagit County.

I give the employees and/or volunteers of the Children's Museum of Skagit County permission to take any necessary action in the event of an emergency.

Allergies: _____

Activity Restrictions or Precautions: _____

List any special needs or medical history or behavioral information:

Print Parent/Guardian Name

Signature of Parent/Guardian

Date

Liability Release-Accidental Injury/Photo Permission

I, _____, the parent/guardian of _____ hereby acknowledge that my child and I freely and voluntarily have chosen to participate in a special event or program at The Children's Museum of Skagit County. I hereby agree to save and hold harmless The Children's Museum of Skagit County, participating private entities, and/or any cooperating or sponsoring public entities and their respective agents from any liability for accidental personal injury or property damage which I or my child may suffer arising out of his/her participation in the event or program. I realize that pictures may be taken at the special event or program by The Children's Museum of Skagit County staff or agents, for museum memorabilia and/or marketing purposes and hereby give my permission for my child to be photographed.

Print Parent/Guardian Name

Signature of Parent/Guardian

Date