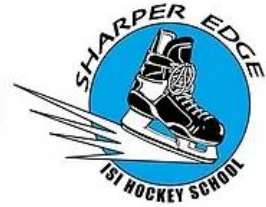




# Sharper Edge Skating School

Valley Sports Arena ~ 2320 Main Street, Concord, MA ~ (978) 369-0088



## RELEASE TO TREAT

The Laws of the Commonwealth of Massachusetts require that consent must be obtained from a parent or legal guardian of a child under 18 years of age before medical care can be administered. Authorization to provide consent may be delegated to another person using a form similar to the sample form below. Please send the copy to the Emerson Hospital Emergency Room to be kept on file and please leave a copy with the temporary caretaker.

### Authorization for Consent

I hereby authorize **DAWN DIMINICO**, of **Sharper Edge Skating School** at **978-369-0088**, a person over the age of eighteen, to consent to necessary medical and surgical treatment for my minor child:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_, for the period of **September 1, 2023 – August 31, 2024**. I am delegating authority in advance of any specific diagnosis or treatment to **DAWN DIMINICO** and the doctor/clinic/hospital to exercise their best judgment as to necessary medical and surgical treatment for my child. I agree to hold harmless, for failure to obtain my consent, any doctor/clinic/hospital treating my child, based on this authorization. I represent that during the period of this authorization I have proper legal custody of the child named above.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

### **Skater's Primary Care Physician:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Skater's Dentist:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list any allergies the child may have: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Please list any Chronic Illnesses and/or Additional information: \_\_\_\_\_

This form is designed to be used in situations where parents wish, in their absence, to authorize a designated person to give consent for medical treatment for their child.

- The form needs to be completed by a parent who has legal custody of the child named in the form.
- The designated person must be 18 years of age or older, and valid only for the limited, designated period of time.
- The form must be notarized to ensure the proper identity of the person signing the authorization.
- Parents are urged to complete the child's medical history sectioned in order to expedite treatment.

It should be understood that in an emergency, treatment will be rendered to a patient under 18 years of age.