Parental Authorization to Consent to Treatment of a Minor, 2025-2026

(Parent or Legal Guardian Here-in "Parent")	(Here-in" Minor")
Westgate Chapel School (Here-in "Organization")	Westgate Chapel Preschool (Here-in "Designated Agent")
In the case of emergency, the above-named Parent of the Minor has entrusted the Minor into the care of the above Organization, while the Minor participates in an activity sponsored by the Organization, and for the welfare of the Minor.	
The Parent does hereby authorize the Designation X-ray examination, anesthetic, medical or scare which is deemed advisable by, and is to be supervision of, any physician and surgeon licentin which the medical care is being sought and oconsent to any X-ray examination, anesthetic, dependenced to the Minor by any dentist license which the dental care is being sought.	curgical diagnosis or treatment and hospital rendered under the general or special used under the laws of the State or Country on the medical staff of any hospital; or to lental or surgical diagnosis or treatment to
It is understood that this authorization is given anesthetic, medical or surgical diagnosis or treatis given to provide authority and power on the any and all such examination, anesthetic, diagnation and/or dengingment, may deem advisable.	atment and hospital care being required but part of the Agent to give specific consent to osis, treatment, or hospital care in which the
In the case of emergency, the Parent hereby aut treatment to the Minor to surrender physical cu completion of treatment.	
The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent under this Authorization.	
Please understand that we will do our very best as soon as possible.	t to notify the parent(s) and/or guardian(s)
These authorizations shall remain effective unt delivered to said Agent.	il/unless sooner revoked in writing
Dated	
Parents or Legal Guardians	