

**MEDICAL AUTHORIZATION**  
(Required for Minor if Parent Not Attending Regatta)

TO WHOM IT MAY CONCERN: The undersigned, \_\_\_\_\_, is the natural parent and legal guardian of \_\_\_\_\_ (born \_\_\_\_\_) ("my child"). From November 4, 2017 through November 5, 2017 (the "Event Dates"), during my child's presence in Lake County, Florida in connection with my child's participation in WildCat Regatta (hosted by Lake Eustis Sailing Club), my child will be in the care of (Name) \_\_\_\_\_ ("Designee(s)") of (Insert City and State): \_\_\_\_\_. From that period from the first day of the Event Dates, through and including the last day of the Event Dates, I authorize Designee(s), acting jointly (if more than one Designee listed), or either one of them acting alone, to make health care decisions with respect to my child, and to have access to any and all of my child's medical records and to release such information and medical records to such persons as she or he deems appropriate, and to authorize admission of my child to a health care facility. The powers granted herein shall include, but shall not be limited to, the power to authorize medical, dental, and hospital care and treatment, including the administration of examinations, diagnostic tests, and medications (including anesthetics), and the performance of surgery and any and all other medical and dental care or treatment deemed necessary or desirable by a duly licensed physician for the health and well-being of my child, and shall also include the power and authority to execute all such consents, authorizations, forms, releases, and other papers as may be necessary in connection therewith.

Information regarding health insurance coverage for my child is as follows:

Unless sooner revoked or terminated by me in writing, this Medical Authorization shall become NULL and VOID from and after \_\_\_\_\_ (insert date which is after the last day of the Event Dates).

Dated as of this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
(Sign on line and Print Parent's Name Below signature)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing Medical Authorization was acknowledged before me this \_\_\_\_ day of

\_\_\_\_\_, 2017, by \_\_\_\_\_, ( ) who is personally known to me, or ( ) who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

THIS INSTRUMENT PREPARED BY:  
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CONTACT INFO FOR DESIGNEE(S):

Cell Ph#1: \_\_\_\_\_

Cell Ph#2: \_\_\_\_\_

Alt Ph: \_\_\_\_\_

Email: \_\_\_\_\_

CONTACT INFO FOR PARENT:

Home Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_