

**AUTHORIZATION TO CONSENT TO TREATMENT
OF A MINOR TEMPORARILY SEPARATED FROM HIS/HER PARENTS**

I, we, the undersigned, parent(s) of _____, a minor, do hereby authorize the Piscataway High School Music Department Staff and/or Nurses as our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician and surgeon on the staff of or engaged by Horton Memorial 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 need for treatment but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis of hospital care which the physician in the exercise of his best judgment may deem advisable.

In consideration of the treatment to be rendered to the aforementioned minor, we do hereby release the said treating hospital and any physicians acting in connection or in conjunction therewith from any and all liability for failure of the parent or in conjunction therewith from any and all liability for failure of the parent to be specifically present and specifically consent to the treatment rendered to the aforementioned minor, so long as treatment is rendered in good faith and in the considered judgment of the physician and/or hospital as necessary and indicated under the circumstances. This authorization shall remain effective until August 31st, 2007, unless sooner revoked in writing delivered to said agent(s).

Parent's Signature

Parent's Signature