



**AUTHORIZATION TO OBTAIN MEDICAL TREATMENT FOR MINOR CHILD**

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between Broken Dog Farm LLC, hereinafter referred to as "Management," and

\_\_\_\_\_, hereinafter referred to as "Parent."

Management is hereby authorized to obtain any and all medical treatment Management deems reasonably necessary for my minor child and/or children.

Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Management shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of child(ren)

Social Security No. (Optional)

_____	_____
_____	_____
_____	_____

Health Insurance Carrier:

\_\_\_\_\_

Plan or Identification No.

\_\_\_\_\_

Primary Healthcare Provider

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

State of North Carolina County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public, do hereby certify that \_\_\_\_\_ (name of individual(s) whose acknowledgment is being taken) personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Official Signature of Notary Notary's printed or typed name