



Youth Leadership Council

5116 Bissonnet #215, Bellaire, TX 77401

<http://ylc.net>

MEDICAL AUTHORIZATION

I, _____, the undersigned parent or legal guardian of _____, do hereby authorize The Youth Leadership Council and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

X

Signature of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Emergency Contact Person: _____

Phone Number: _____

Alternate Phone Number: _____

Medical Insurance Provider: _____

Policy or Group Number: _____