



**Roman Catholic Diocese of Phoenix
FIELD TRIP/OFF CAMPUS/SCHOOL ACTIVITY
TEMPORARY AUTHORIZATION FORM**

Appendix G.3

(Attach to Appendix G.1 or G.2)

Re: **NAME OF CHILD** _____

Date of Birth: _____

Health Insurance No. _____

Group No. _____

We, _____, are the parents of _____, a minor child ("the child"). We certify that we are legally entitled to give the authorization contained in this document. By our signature below, we grant _____ (the "caregiver"), temporary authority and custody over _____ limited to the following powers:

- (1) To seek medical care for the child, including, but not limited to, visits to the doctor or hospital.
- (2) To authorize medical treatment or medical procedures for the child, in the event of an emergency situation, should the caregiver be unable to reach us.
- (3) To provide first aid or similar care in non emergency situations.

In the event that the caregiver believes that medical treatment may be needed by the child, the caregiver will attempt to reach us to obtain direction or authorization prior to seeking treatment. Should the caregiver determine, in his sole discretion, that the delay needed to contact us could result in unwarranted risk to the child, the caregiver may waive the attempt to contact us and may seek immediate treatment.

This grant of authority is effective as of _____, and shall remain in effect until terminated by either of the undersigned parents.

This grant of authority is signed this ____ day of _____, in _____ County, Arizona.

NAME OF PARENT

NAME OF PARENT

On this _____ day of _____, before me, _____, the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to this document and acknowledged that he signed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

NOTARY PUBLIC
My commission expires _____

On this _____ day of _____, before me, _____, the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to this document and acknowledged that she signed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

NOTARY PUBLIC
My commission expires _____