AUTHORIZATION AND CONSENT FORM

Sierra Club -- LEADERSHIP TRAINING PROGRAM -- Angeles Chapter

_____
Minor's Full Name

_____
Minor's Address

_____
City Zip

_____
Minor's Age

The undersigned do hereby authorize _____

(Trip Leader) or such substitute as he or she may designate as agent for the undersigned to consent to any x-ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at the hospital, or elsewhere.

Date	Parent or Guardian Signature
Date	Parent or Guardian Signature
Witness	Parent or Guardian Signature
Address of Parent or Guardian	Phone - Alternate Phone
Insurer	Account Number
Family Physician	Family Dentist
Address	Address
Phone	Phone

LTC form 105 (Rev Sep 91)