

## Parent Agreement/Medical Authorization

My/our child \_\_\_\_\_ is a mentee in the FCHS Mentor Program, and \_\_\_\_\_, is my/our child's mentor.

I/we hereby authorize and empower \_\_\_\_\_, the mentor, to secure necessary and required medical aid for \_\_\_\_\_ when my/our child is in the company of and under the supervision of the said mentor.

Further, if any emergency should arise necessitating surgery by reason of illness or accident of my/our child, the said mentor, \_\_\_\_\_, may execute any medical or hospital authorization for and in my/our behalf as if I/we were personally present.

It is agreed and understood that prior to authorizing medical care, in the event of any such emergency, that the above named mentor shall make every effort to contact me/us for verbal approval or disapproval. Further, I/we agree not to hold the FCHS Mentor Program, staff, or volunteers liable for any misfortune or accident which might occur while my child is in the company of or under supervision of the hereinabove named mentor.

I/we understand that neither the FCHS Mentor Program nor any sponsor agency shall be liable in any way for any intentional or unintentional or criminal action on the part of any mentor in the FCHS Mentor Program. I/we further specifically release and hold harmless the FCHS Mentor Program and any sponsor agency and each of their officers, steering committees, directors, employees, agents and successors in interest from any such liability to a child which may arise by way of such intentional or unintentional or criminal action on the part of any mentor in the FCHS Mentor Program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Hospital Preference

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy #

LIST Allergies or Specific Medical Condition(s), use extra sheet if needed