



AUTHORIZATION TO OBTAIN MEDICAL TREATMENT FOR MINOR CHILD

Witness this agreement and authorization by and between Noonan Farms 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)

Date of birth

_____	_____
_____	_____
_____	_____

Health Insurance Carrier: _____

Plan or Identification No: _____

Preferred Hospital Provider: _____

Signature of Parent or Guardian

Phone