



## Agapé Jr. Academy, Inc

186 New Hope Road  
Lawrenceville, GA 30046  
Phone: 678 376-0883 Fax: 678 226-9718

# **AUTHORIZATION TO TREAT A MINOR**

(I) (We), the undersigned, parent(s) or guardian(s) of

a minor, do hereby authorize a hospital or Agape Jr. Academy as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and /or surgeon on the staff of the hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all said diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective for the duration of attendance at Agapé Jr. Academy, unless sooner revoked in writing to the school.

(I) (We) hereby give permission for the above mentioned student to be transported to the hospital in case of accident or injury. It is understood that the school does not assume responsibility for payment of a physician or hospital in any case; however, in an emergency the school may choose a physician, or hospital.

Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date: