



**Parent/Guardian Consent for Medical Treatment
For Minor Under Age 18 Years**

The undersigned is/are the natural Parent(s)/Guardian(s) of:

Age _____

Age _____

Age _____

Age _____

Whereas, the undersigned knowingly acknowledges that the above mentioned minor(s) will be away from Wenatchee, Washington or home city on trips with the Wenatchee Youth Circus for extended periods of time, and whereas, the undersigned have confidence that those persons in charge of the Wenatchee Youth Circus will seek out proper medical care of the above mentioned child(ren) in the event of an accident or illness or other injury and, therefore, desire to grant any physician or surgeon who may be requested to render medical aid to said child(ren) the absolute authority to exercise his/her personal judgment regarding the care and treatment of the above mentioned child(ren) while traveling with the Wenatchee Youth Circus away from Wenatchee, Washington or home city.

In particular, we give our consent and authorization to any surgical procedure, which may, in the opinion of the treating physician or surgeon, is required to be performed upon above-mentioned child(ren) by reason of any illness or injury sustained upon the above-mentioned child(ren) while they are away from Wenatchee, WA or their home city.

Furthermore, we specifically consent to the administration of anesthesia and to all forms of medical care and treatment including the administration of drugs which are, in the opinion of the treating physician or surgeon, required for the proper medical treatments and to hold any physician or surgeon who may render such treatment, the Wenatchee Youth Circus inc., and any of its representatives free and harmless for any claim, demands, or suits for damages from any injury or complication whatsoever which may result from any accident or treatment administered to the above mentioned child(ren).

Dated this _____ day of _____ 20_____

Parent/Guardian

Parent/Guardian

State of _____

County of _____

On this day, _____, personally appeared before me, _____,

and made it known to me to be individual(s) described above.

Given under my hand and official seal this _____ day of _____, 20_____.

Notary Public in and for the state of Washington

Residing in _____



Expires_____