

**Mary Haven Youth Center  
Authorization for Medical and Dental Care**

While my/our child \_\_\_\_\_ is in the care and custody of the Mary Haven Youth Center, I hereby authorize the medical and dental treatment judged necessary by the contracted physician and dentist.

In the event hospitalization is necessary, I give my/our permission for emergency treatment of my child by a qualified physician of any accredited hospital. I understand that it is my/our responsibility, and I/we hereby assume all liability for any medical and dental, as well as all other health related expenses incurred by my/our child during the period of his/her temporary commitment and placement. This includes doctor's fees, medication, medical supplies and any hospitalization costs.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Insurance: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public