

**CIRCUS CITY FESTIVAL, INC.
CONSENT FOR TREATMENT OF MINOR CHILD**

I, (We) _____ and _____
(Name) (Name)

of _____, _____, _____
(City) (County) (State)

do hereby state that I am (we are) the parent(s) or legal guardian(s) of _____
(Name of Child)

a minor, born _____ who resides with me/us at
(Month/Day/Year)

_____. I (we) authorize a trainer, a responsible
(Street Address)

Board member or the executive secretary, all adults residing in Indiana, and associated with Circus City Festival, Inc., to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state in which such services will be performed.

My child's regular physician is Dr. _____,

whose practice is located in _____, _____
(City) (State)

and whose phone number is _____.

Allergies _____

This consent expires October 31, 2018.

(Parent/Guardian Signature)