MEDICAL AUTHORIZATION FORM

We, the undersigned, and parents of SALLY SMITH and JOHN SMITH, hereby authorize BETTY MAPLE or WILLIAM MAPLE, maternal grandparents of SALLY AND JOHN SMITH, to authorize any and all medical treatment for SALLY AND JOHN they in their discretion see fit. This includes, but is not limited to, treatment to relieve pain.

A photocopy of this authorization shall be deemed effective as if it were an original. This authorization shall remain in effect until January 1, 2008.

MEDICAL INSURANCE COMPANY:	BLUE CROSS
MEDICAL INSURANCE ID or GROUP #:	ABC1234
MEDICAL INSURANCE CO. PHONE #:	555-555-5555
PEDIATRICIAN:	Dr. Jones
PEDIATRICIAN PHONE #:	555-555-5555

_____ _____

MOM SMITH DATE

_____ _____

DAD SMITH DATE