

EMERGENCY MEDICAL AUTHORIZATION FORM

Participant Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in a WERGF Foundation activity, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Other's Name _____ Phone _____

Please list at least two persons to be called in case parents cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

PART I OR PART II MUST BE COMPLETED

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Mother's Name _____ Phone _____

Local Hospital _____ Phone _____

Other's Name _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my



consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Dated _____

Signature of Parent/Guardian _____

Address _____

PART II: REFUSAL OF CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the WERGF Foundation authorities take the following action:

Dated _____

Signature of Parent/Guardian _____

Address _____