

Consent for Emergency Treatment



Effective: July 1, 2009 – June 30, 2010

In the event that medical intervention is needed on behalf of my child, _____, I understand that every attempt will be made to reach the emergency contact on my registration form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, x-ray, or surgery for my child as deemed necessary.

Parent Signature: _____

Print Name: _____

Date: _____