

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

While my child is in attendance at the YWCA, I, _____, being the parent or legal guardian of _____, _____, and, _____ give my consent for Children’s Alley staff members, that are properly trained and certified, to provide CPR and/or First Aid in care of the previously listed minors should his/her condition require it in my absence. I also give my consent for staff members of Children’s Alley to secure medical care and surgical care of this/these minors at the nearest hospital by a licensed Colorado physician should his/her condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

Specific limitations or prohibitions regarding treatment (ex: medical allergies, history or current conditions.): (If none, state “none” below)

Legal Guardian Signature

Date

Printed Name

In case of emergency please call:

1. Name: _____ Phone: _____ Phone: _____

2. Name: _____ Phone: _____ Phone: _____

Child’s Physician: _____ Phone: _____

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