

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

While my child is in attendance at the YWCA Children's Alley.

I, _____, being the parent or legal guardian of _____ give my consent for staff members of Children's Alley to secure medical care and surgical care of this minor in a licensed 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.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for his/her particular type of injury or illness, I impose no specific limitations or prohibitions regarding treatment, other than those that follow: (If none, so state.)

My child has the following medical allergies, history or current conditions that would contraindicate the following treatment, or medication: (If none, so state.)

This authorization is effective for the following time period:

_____ to one year from this date
(month/year)

Father or Legal Guardian's signature

Mother or Legal Guardian's signature

(Please fill out the information on the back of the form)

Parents' Names (please print)

Street Address

City

State

Zip Code

Home Phone

Father's Work Place

Address

Father's Work Phone

Father's Cell Phone

Mother's Work Place

Address

Mother's Work Phone

Mother's Cell Phone

Email Address

Emergency Contact Person

Address

Phone

Child's Physician

Phone