



The Center of Your Care

Authorization for Emergency Treatment of Minors

Name of minor _____ Age _____ Birthdate _____

Address _____

Allergies _____ Medications _____ Last Tetanus Shot _____

Medical history, if pertinent: _____

I/We being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint:

YWCA School Age/Summer Care Programs 753-9651
Name _____ Phone _____

To act in my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the aboved named minor during the period of my/our absence.

June 2009 _____ Effective until Cancelled by parent _____

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required.

Signature of Parent / Guardian

Signature of Parent / Guardian

Address

Address

State Zip Phone

State Zip Phone

Hospitalization Insurance _____ Identification or Contract Number _____

Family Physicians or choice of specialists _____

Phone Number _____

