

PARENT AUTHORIZATION FORM

EMERGENCY MEDICAL TREATMENT FORM

SCHOOL: _____ EVENT: _____

PERSON IN CHARGE (organizer): _____

HEALTH INSURANCE NO.: _____

DATE OF LAST TETANUS INJECTION: _____

MEDICAL ALERTS, ALLERGIES ETC.: _____

1. _____ a minor in my legal, is hereby granted permission
(name of student) to participate in the above-mentioned activity.

2. The above-named “person in charge” is appointed with full power to authorize the admission to hospital, if deemed necessary by a medical doctor, and emergency medical treatment recommended by a medical doctor, to be given the said minor while he/she is in attendance at, or traveling to or from, the above named event. Item 2 applies if the consent of myself (parent, tutor or guardian) or spouse cannot be given to the said doctor by telephone within a reasonable period of time.

Signed this _____ day of the month of _____, 20__ at _____

Signature: _____

PARENT/TUTOR/GUARDIAN: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ ALT. TEL. NO.: _____
(neighbour / relative)

BUSINESS TEL. NO. : _____
(FATHER) (MOTHER)

MOTHER’S MAIDEN NAME: _____