

Authorization to obtain emergency medical treatment

If at any time, due to such circumstances as accident, sudden illness, or other emergency which requires medical attention; it may be given, if necessary, by private physician or hospital.

Date \_\_\_\_\_

Name of Child \_\_\_\_\_

Parent/Guardian Signature(s)

\_\_\_\_\_  
\_\_\_\_\_

Authorization should be renewed every 2 years to be current.

**Form must be notarized below**

<p>_____</p> <p>Date</p> <p>_____</p> <p>Name of Notary (Printed)</p> <p>_____</p> <p>Signature of Notary</p> <p>My Commission expires:</p> <p>Seal:</p>
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