

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

While my child is in attendance at Running River School:

I, _____ being the parent or legal guardian of _____ give my consent for staff members of Running River School to secure emergency 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 the particular type of injury or illness involved, 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 _____ termination of contract
(month/year)

Father's or Legal guardian's signature

Mother's signature

Parent to contact first in case of emergency:

Phone:

Mother's Information:

Father's Information:

Home Phone:

Home Phone:

Work Place:

Work Place:

Work Phone:

Work Phone:

Cell Phone:

Cell Phone:

Other:

Other:

Emergency Contact Person, other than parent: _____

Address:

Phone:

Child's Physician:

Phone:

Child's Dentist:

Phone:

Hospital of choice (for non-life-threatening emergency):
