



Sunday Funday Parental Medical Authorization for Pediatric Emergency Medical and/OR Surgical Treatment and Allergies

Authorization: In case of emergency, I hereby authorize the doctor or the hospital to which my child or children may be brought, (and whomever they may designate as their assistants), to perform any emergency procedure or operation, to give treatment and the administration of anesthetic to my child during his/her stay in program.

Signed: _____ (Relation to Child) _____

Name of Child: _____ Age: _____ Gender: _____

Date of Birth: _____ Parent's Phone: _____

Address of Child: _____

Emergency Contact: _____ Phone: _____

List any allergies child has: _____

Explain allergic reactions: _____

Does family have medical insurance: ____YES ____NO

Name of Insurance Company: _____

Policy Number: _____

Social Security Number and Name of Primary Insured: _____

Explanation:

1. It is the firm hope that the authorization of this form will never need to be used. For the safety of children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the parent of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form would be used only where absolutely necessary and only after every attempt has been made to first contact the parent/guardian or other emergency contact.
2. We find that the doctors and hospitals are reluctant to provide any treatment, no matter how minor, unless they have authorization from a parent. As you know, time can be a factor in being of assistance to your child where medical attention is needed, and this helps assure that no time is lost in giving medical attention.
3. This authorization form will be kept on file at the Y.