

**YOUNG PARENTS CLUB
EMERGENCY INFORMATION**

In case of emergency, contact _____
(Name and relationship to youth)

at _____
(phone number)

or _____ at _____
(Name and relationship to youth) (Phone number)

I hereby grant permission for the following medical care providers and hospitals to be called:

Doctor _____ phone number _____

Dentist _____ phone number _____

Hospital _____ phone number _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the youth to any reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of the surgery.

Signature of parent or Guardian

Date

Refusal to Consent:

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury, I wish the authorities to take the following action:

Signature of Parent or Guardian

Date