

Dear Parents/Guardians:

The well being of your child is our concern as they attend Summer Learning Adventure. In case of a medical emergency, hospitals will not treat minor age children without parental or guardian authorization. Please read and complete the Medical Treatment Authorization form below. **Please return this form, a long with the registration form, by Monday, April 30th, 2012.**

Student's Name _____ Birth Date _____

Allergies:

Existing Medical Condition:

Family Physician & Phone Number:

To Whom It May Concern:

I, the undersigned parent or guardian of _____, authorize school personnel to obtain emergency medical care for him/her in the event such care is necessary. Permission is hereby granted to the licensed physician or accredited hospital and their associates to treat the aforementioned minor child. I understand that every effort will be made to contact me prior to treatment unless it would be a life threatening situation.

Parent/Guardian Signature Relationship _____

Home Phone _____ Work Phone _____ Cell _____

Emergency Contact Person _____ Phone _____
(other than yourself that can be reached during day)

