



GUARDIAN AUTHORIZATION

FOR PEDIATRIC EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT

It is the firm hope that the authorization granted on this form will never be needed to be used. For the safety of minors, however, sound medical practice calls for such Authorization. In emergency situations, where for some reason the parent of the minor cannot be contacted immediately, this form may be extremely important.

Doctors and hospitals often refuse to give any treatment, regardless of how minor, unless they have authorization from the parents. As you know time can be a factor medical emergencies and this would ensure that no time would be lost in giving immediate attention.

The Authorization granted by this form will be used only where absolutely necessary and ***only after every attempt to contact the parents has been made first.***

This Authorization will be kept on file under the care of the RN/EMT at the Infirmary of the Henry Kaufmann Campgrounds.

FAMILY INFORMATION

NAME OF EMPLOYEE:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

NAME OF GUARDIAN(S):

HOME PHONE #:

CELL PHONE #:

WORK CONTACT:

INSURANCE INFORMATION

INSURANCE CARRIER:

POLICY #:

AUTHORIZATION

In case of emergency, during the course of his/her employment at the Henry Kaufmann Campgrounds, I hereby authorize the doctor or hospital to which my child may be brought, (and whomever they may designate as their assistants), to perform any emergency procedure or operations to give treatment and administer an anesthetic as required.

Signed: _____

Print Name:

Date:

Relationship to Employee: