

**Parent Authorization Form  
Emergency Medical Action & First Aid**

I \_\_\_\_\_ parent of \_\_\_\_\_, do hereby request and give consent to the Center, or it's duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by duly licensed or recognized physician or surgeon in case of an emergency when the parents can't be reached.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Name (*Please print*)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
State of

\_\_\_\_\_  
County of