

MEDICAL EMERGENCY AUTHORIZATION

This form only authorizes the City of North Ridgeville Parks and Recreation Department to secure emergency transportation for a child. This form *does not* authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental facility as each emergency facility sets their own treatment procedures.

Child's Medical Information

Child's name
Birthdate
List any allergies:
List special precautions or treatment for these allergies:
List any medications currently being administered:

Parents Information

Mothers name	Fathers name
phone number	phone number
home address	home address
city state & zip	city state & zip
employers name	employers name
employers address	employers address
city state & zip	city state & zip

Emergency contact's

Emergency number to reach parent(s) if different from above (cell / pager)	
<i>List two people for contact if parents cannot be reached</i>	
name / relationship to child	name / relationship to child
phone number	phone number
address	address
city state & zip	city state & zip

Doctors Information

Physician or Clinic	Dentist or Clinic
phone number	phone number
street address	street address
city state & zip	city state & zip

PERMISSION to transport child

I give the City of North Ridgeville Parks and Recreation Department permission to have the above listed child transported for emergency medical / dental care to the doctor or clinic listed on this form or the nearest available source of assistance.

Parents signature

Date

REFUSAL to grant permission does **not** give the City of North Ridgeville Parks and Recreation Department permission to transport the above listed child for emergency medical / dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken

Parents signature

Date

