

**2011 - 2012
Emergency Contact/Medical Consent Form**

GOYAn's Name: _____

DOB: _____

Home Phone Number: (____) _____ - _____

Address: _____

City _____ State: _____ Zip Code: _____

Mother's Name: _____ Work #: (____) _____ - _____ Cell #: (____) _____ - _____

Father's Name: _____ Work #: (____) _____ - _____ Cell #: (____) _____ - _____

Physician's Name: _____ Phone: (____) _____ - _____

Dentist's Name: _____ Phone: (____) _____ - _____

Hospital Preference: _____

Health Insurance Company: _____ Policy#: _____

Alternate Emergency Contacts:

Name: _____ Phone: (____) _____ - _____

Relationship: _____

In the event that I/we cannot be reached, I/we do hereby authorize the Chaperone/Adults-in-Charge accompanying our G.O.Y.A. to seek and procure immediate medical treatment for my child, _____, should a medical emergency arise while s/he is on the way, participating in, or on return from a G.O.Y.A. sponsored event. Moreover, I hereby grant my/our consent to the hospital and its medical staff to provide my child with emergency medical treatment as deemed necessary (including anesthesia). I understand that my child may need to be taken to and cared for at the nearest hospital. Furthermore, I agree to accept financial responsibility for all medical expenses incurred.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____