

AUTHORIZATION FOR MEDICAL TREATMENT & EMERGENCY CONTACT

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

Insurance Company (Medical): _____

Policy No. _____ Policy Holder's Name: _____

Child's Physician: _____ Physician's Phone No.: _____

EMERGENCY CONTACTS (No one under the age of 18 is permitted to be listed):

Parent or Legal Guardian's Name: _____

Address: _____

Telephone _____ Cell Phone _____

Additional Contact Name: _____

Address: _____

Telephone _____ Cell Phone _____

CURRENT MEDICATIONS, LIMITATIONS, SPECIAL NEEDS, MEDICAL CONDITIONS OR ALLERGIES OF CHILD:

Any other information concerning your child (e.g., special characteristics or learning style) that might help us to provide him/her with the best possible experience in our workshop(s):

AUTHORIZATION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Tyler Junior College ("TJC") to take my child to a nearby medical facility for necessary treatment. I further consent and authorize any and all necessary treatment for my child at this medical facility and I accept all financial responsibility for such treatment and understand that TJC will not be responsible for any such medical costs.

In case of sickness or accident, I hereby authorize and consent to have medical personnel selected by TJC to order and/or perform any medical attention or procedure deemed necessary. I understand and agree that TJC and its employees will not, under any circumstances, be held responsible or liable in the event of accident or death arising out of or related to same medical attention and by signing below, I hereby release and agree to hold TJC harmless for any claims or damages whatsoever related to any medical treatment or care provided to my child.

Parent or Legal Guardian's Signature

Date