## HUNTINGTON JEWISH CENTER AUTHORIZATION FOR PEDIATRIC-EMERGENCY MEDICAL AND /OR SURGICAL TREATMENT

Student		Age	Sex
Address			
Telephone Number	()		
hospital, (and whome named above, may be	In case of emergency, I here ever they may designate as the e brought, to perform any eme e administration of an anesthe gton Jewish Center.	eir assistants), to which ergency procedure, or o	my child, operation, to
		Date	;
Signature	Print		
Witnessed by		Date	_

EXPLANATION; It is the firm hope that the authorization granted on this form will never need to be used. For the safety of your child, however, sound medical practice calls for such Authorization. In emergency situations, where for some reason the parent of the child cannot be contacted immediately, this form may be extremely important. The Authorization granted by this form will be used <u>only</u> when absolutely necessary and only after every attempt has been made first to contact the parent. We find that doctors and hospitals refuse to give any treatment, regardless of how minor, unless they have authorization from the parents. We have been informed by the hospital that accepts our emergencies that the law requires that the parent, or guardian's signature be notarized.

Please return this Authorization promptly, we cannot complete your child's application until we have it.