

**Emergency Medical Information  
Summer Supervisors School  
Children's Tour  
July 28, 2008**

Purpose:

*To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while on the OFSWCD Summer Supervisors School Children's Tour, Monday, July 28, 2008, when parents or guardians cannot be reached.*

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Date of Birth**

***GRANT CONSENT***

In the event reasonable attempts to contact me at the Holiday Inn French Quarter Hotel at 419-874-3111 or my cell phone #: \_\_\_\_\_ have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by EMT's or local hospital.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I am listing the following facts concerning the child's medical history to which a physician should be alerted.

**PHYSICAL IMPAIRMENTS OF ALLERGIES  
BEING TAKEN**

**MEDICATIONS**

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

***REFUSAL TO CONSENT***

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the SWCD authorities to take to no action, or to:

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**