Women Writing for (a) Change
6906 Plainfield Road, Cincinnati, OH 45236 – 513-272-1171 – www.womenwriting.org

EMERGENCY MEDICAL AUTHORIZATION

This form enables us to obtain emergency medical treatment for a minor in the event this minor becomes ill or injured while in our care when you cannot be reached. You may also refuse to grant this authorization by filling out section C. Please complete **Section A and EITHER Section B or C** and mail the form to the address above, or send with your child the first day of class/camp. **This form must be completed and returned prior to leaving your child at WWfaC.**

Section A.

Date: _____ **Program/Term:**_____

Name of Registrant: _____**Birthdate:**_____

Primary Contact_____ **Phone #** _____

Address_____ **Email**_____

Secondary Contact_____ **Phone #** _____

Other Emergency Contact _____ **Phone #** _____

Note: In an Emergency, WWFAC will call 911 and the parent.

IMPORTANT MEDICAL INFORMATION concerning my child's medical history including allergies, medication being taken, any physical impairments, or limitations in movement or exertion:

_____

I agree that neither Women Writing for (a) Change, nor any persons involved in its programs shall be held responsible for injury, illness, or damages to the person or property of registrant while attending classes.

Signature of Parent/Guardian_____Date_____

Section B. To Grant Consent:

If reasonable attempts to contact the persons above are unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the preferred physician or dentist, or, in the event the designated practitioner is not available, another licensed physician or dentist; (2) the transfer of my child to the preferred hospital or any hospital reasonably accessible and (3) I further give consent to treatment of my child during transportation by available medical technician ambulance to a treatment facility.

Preferred Physician	Address	Phone
Preferred Dentist	Address	Phone
Preferred Hospital	Address	Phone

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring as to the necessity for such surgery, are obtained before surgery is performed.

Signature of Parent/Guradian_____Date_____

Section C. Refusal to Grant Consent (Do Not Complete If You Granted Consent)

I do not give my consent to emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Women Writing for (a) Change to take NO action, or to:

_____

Signature of Parent/Guardian_____Date_____