

Alhambra Afterschool Adventures
MEDICAL AUTHORIZATION AND CONSENT FORM
EMERGENCY TELEPHONE NUMBERS

I, _____ at _____ school, hereby authorize the Alhambra Afterschool Adventures Program to have me transported to the nearest hospital via emergency squad vehicle and to secure the necessary treatment.

I understand that every attempt to reach the person (s) listed below will be made by the Youth Specialist and/or ASES staff

I understand that Alhambra Afterschool Adventures staff members are trained in basic First Aid and I authorize them to give me necessary first aid when and if it is appropriate.

I understand that when working with children in a group childcare setting I will be exposed to many communicable diseases that are normal among this age group.

Address City Zip

Cell Phone # Home Phone #

Signature Date

Contact one of the following in case of an emergency.

Call first:
Name: _____ Relationship: _____

Address: _____ City _____ Phone #: _____

Call second:
Name: _____ Relationship: _____

Address: _____ City _____ Phone #: _____

This form will be kept confidential and will be used only in an emergency. List any medical problem (s), allergies and/or medication (s) you are taking that you would want the emergency medical persons to be aware of:

Name of your local doctor: _____

Phone #: _____

At what hospital does he/she practice medicine? _____