

**AFTER SCHOOL PROGRAM  
PARENTAL CONSENT & MEDICAL TREATMENT AUTHORIZATION**



Medical Authorization for: \_\_\_\_\_  
(Name of Child)

List any health restrictions or special needs (allergies, vision, hearing, etc.) that staff need to be aware of as well as any condition present that might result in a medical emergency:

The undersigned, who are the parents or guardians having legal custody of the above named minor, hereby authorize the staff of the Wahoo Parks and Recreation, into whose care the above-named have been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorize the staff of the Wahoo Parks and Recreation to have the above-named minor released into the custody of its representative should hospital care no longer be required.

This procedure is to be used ONLY in an EMERGENCY, when said parents/guardians or emergency contacts listed on this camper information form cannot be or are unavailable to be contacted.

\_\_\_\_\_  
(Parent/Guardian Signature)                      (Date)                      \_\_\_\_\_  
(Parent/Guardian Signature)                      (Date)

**PARENT/GUARDIAN INFORMATION:**

MOTHER/GUARDIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
FATHER/GUARDIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**EMERGENCY CONTACTS:**

(Try to include someone who usually knows your whereabouts.)

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PERSON(S) AUTHORIZED TO PICK UP CHILD:**

\_\_\_\_\_  
\_\_\_\_\_

*UNDER NO CIRCUMSTANCES WILL THE CHILD BE RELEASED TO ANYONE NOT LISTED ABOVE WITHOUT PROPER AUTHORIZATION FROM PARENTS/GUARDIANS.*