

**The Harriers**

nhyoungbirders.org



**NH Young Birders Club**

nhyoungbirders@gmail.com

**Emergency Medical Authorization Form, 2014**

(To be submitted ONCE PER YEAR for each calendar year. Please print.)

There may be times during a NH-YBC event when minors become separated from their parents. This form is to enable parents and guardians to authorize the provision of emergency treatment for minors who become ill or injured when parents or guardians cannot be reached.

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_

**Part I – Contact Information.**

Student Birthdate \_\_\_\_\_ Phone1: \_\_\_\_\_

Residential Parent or Guardian:

Mother's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

Other's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

Name of Relative or other secondary emergency contact:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

Address: \_\_\_\_\_

**Part II – To Grant Consent.**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_

Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_

Emergency Room Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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**Part III – Refusal to Consent.**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish NH-YBC authorities to take the following actions:

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Date \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

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SCAN & EMAIL to: [nhyoungbirders@gmail.com](mailto:nhyoungbirders@gmail.com)

or MAIL completed form to: NH Young Birders Club, 178 Willard Pond Rd., Hancock, NH 03449