

AMERICAN LEGION AUXILIARY WYOMING GIRLS STATE

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event that our (my) daughter _____ becomes ill

First Name MI Last Name

or sustains an injury while under the supervision of the Wyoming Girls State program, we (I) hereby give permission to administer first aid for our (my) daughter's relief. If it is not practical to return our (my) daughter to us (me), or to receive our (my) instructions for her care, consent is given to any licensed physician and/or surgeon to whom our (my) child is taken for treatment, to administer such treatment, drugs, and medicines, and to perform such surgical procedures as shall be deemed necessary to preserve our (my) child's life and health. We (I) hereby release and discharge the American Legion Auxiliary Wyoming Girls State, its officers, agents, instructors, and employees from any and all claims, demands, suits, actions, or causes of action that we (I) may or shall have by reason of arranging such medical treatments or from failure to seek such medical treatment. Permission is also granted for minor treatment, including the use of emergency first aid medications, by the American Legion Auxiliary Girls State staff or nurse.

Parent(s) and/or Guardian(s) Printed Name(s) _____

Signature

Date

Signature

Date

Telephone #: _____

Home

Work

Cell

Fax

Emergency Contact - other than Parent(s)/Guardian(s):

Name

Relationship

Phone Number(s)

Insurance Carrier: _____

Address

City

State

Zip Code

Telephone Number

Subscriber: _____ Policy/Group No.: _____

NOTE: It is very important that, in your absence, we have an emergency name and telephone number that can be contacted in the event your daughter requires medical attention. Please fill out the above section completely.