



Central Queens Y After-School Program at P.S. 175

Authorization for Pediatric – Emergency Medical and/or Surgical Treatment

Explanation:

It is the firm hope of the Central Queens Y, Inc. that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the parent of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form will be used only where absolutely necessary and only after every attempt has been made first to contact the parent. We find that doctors and hospitals refuse to give any medical treatment, regardless of how minor, unless they have authorization from the parents. As you know, time can be a factor in being of assistance to your child where medical attention is needed, and this would assure us that no time would be lost in giving immediate treatment.

Authorization:

In case of emergency, I hereby authorize the Central Queens Y to consult a doctor or hospital who (and whomever they may designate as their assistants) is hereby authorized to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child.

Name of Child: _____

Signed: _____ Date: _____

Relationship to Child: _____

Insurance Carrier: _____ ID # _____