



Emergency Medical Authorization

Complete for participants under the age of 21 ONLY

Participant Name:

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis of or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State and/or on the staff of any hospital holding a certificate issued by the Department of Health of the State. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the primary and/or secondary emergency contact as listed in the registration form prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached

Signed (Parent or guardian)

Date