



EMERGENCY MEDICAL AUTHORIZATION / RELEASE FORM

(Please print very legibly)

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____

Parents' names _____ Alt. Phone1 _____

Alt. Phone2 _____

This form is necessary to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in a Mason Youth Organization (MYO) activity. When parents or guardians cannot be reached, this form will ensure that emergency medical treatment can be administered to the best of our ability. In the unlikely event a participant may need further treatment, this form would serve as a guideline for the hospital or practitioner.

In the event reasonable attempts to contact me or my child's other parent or guardian have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the preferred physician or dentist listed below or, in the event the designated preferred practitioner or dentist is not available, by another licensed physician or dentist and the transfer of the child to my preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concur in the necessity for such surgery.

Other emergency contact _____ Phone _____

Preferred Physician _____ Phone _____

Preferred Dentist _____ Phone _____

Preferred Hospital _____

ALLERGIES OR OTHER HEALTH CONSIDERATIONS:

In consideration of my child's enrollment and participation in MYO, I hereby, for myself and my child, waive and release any and all rights and claims for damages I or my child may have against the Mason Youth Organization, its employees, contractors, volunteers or representatives, for any and all injuries suffered by myself or my child in any activity sponsored by this organization. I furthermore indemnify and hold harmless the Mason Youth Organization for any and all loss and damage to person or property that may arise out of participation in this organization.

Parent/Guardian's Signature _____ Date _____