

**WAUCONDA PARK DISTRICT
EMERGENCY TREATMENT AUTHORIZATION**

EMERGENCY TREATMENT: A minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, women under 18, and men under 21 except in cases of extreme emergency.

TO WHOM IT MAY CONCERN: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the listed minor in the event of medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____ Date: _____

Relationship: _____

CHILD CUSTODY INFORMATION

Please circle the appropriate answer to the following questions

Do you have legal custody of this child? YES NO
If no please read**

Are you the legal guardian of this child? YES NO
If no please read **

** IF THERE IS A CUSTODY ISSUE WITH ANY CHILD YOU HAVE REGISTERED WITH US, YOU MUST PROVIDE A COPY OF A COURT ORDER THAT PROVES TO US WHO HAS LEGAL CUSTODY OF THE CHILD(REN).

** IF YOU ARE IN THE MIDDLE OF A SEPERATION OR LEGAL PROCEEDINGS INVOLVING CUSTODY, WE WILL REQUIRE A LETTER SIGNED BY BOTH OF THE BIOLOGICAL PARENTS THAT STATES WHO IS AUTHORIZED TO PICK UP YOUR CHILD(REN), AND THAT WE MAY SPEAK TO EITHER PERSON REGARDING ISSUES INVOLVING THE CHILD(REN).