



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
YEAR 2019/20

The undersigned parent(s) and/or guardian(s) of the following named minor:

(Fill-in your participating ACT-SO youth's name)

I, the undersigned Parent/Guardian, have been advised that _____ (hereinafter, my "child") is a contestant in the ACT-SO program sponsored by the National Association for the Advancement of Colored People to be held on _____, 2020 in _____. (Hereinafter, the "ACT-SO program.") The Undersigned hereby consent to the participation of my child in the ACT-SO program. My consent and approval is furthermore granted for the aforesaid Child to attend the NAACP Convention also occurring in _____. Consent and approval is also granted to the NAACP/ACT-SO members and volunteers under whose custody the said minor has been entrusted in loco parentis to authorize and take all reasonably necessary emergency actions to assist my Child in the case of a medical emergency, such as an accident or sudden illness, injury, or accident.

Name of Medical Insurer/Provider: _____

Insured I.D. Number and Name: _____

Basic Critical Information on Child's Medical History/Problems: _____

Special Medications and Medical Problems: _____

Allergies or Other ongoing problems: _____

Name and Telephone Number of Child's Physician/Medial Provider: _____

Parent(s)/ Guardian Information:

Full Name: _____

Full Address: _____

Work Telephone: () _____

Home Telephone: () _____

Alternative: () _____

ON PENALTY OF PERJURY:

Parent/Guardian

Parent/Guardian

Minor Child/ACT-SO Participant

Witness Signature