

MUHLENBERG
HAROLD B. & DOROTHY A. SNYDER SCHOOLS

AUTHORIZATION FORM

In the event of serious illness, accident, or need for emergency surgery and we find it impossible to immediately reach parents or the person legally responsible for the welfare of the student, we ask that you sign the following permission form:

I hereby authorize JFK Medical Center and the attending physician or attending physicians in charge of the care of:

Print Student Name

(Age)

to carry out such diagnostic procedures, to administer such anesthetics, transfusions, intravenous medication, and to perform such operations as may be deemed necessary or advisable in the diagnosis and/or treatment of the student, and to make proper disposition of all tissue or anatomical parts.

Student or Guardian Signature

Relationship _____

Date: _____