

Northland Lanes Emergency Medical Authorization

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under bowling center authority, when parents cannot be reached.

Child's Name _____ School _____

Address _____ Phone _____

Residential Parent or Guardian

Mother _____ Daytime Phone _____

Father _____ Daytime Phone _____

Other Name _____ Daytime Phone _____

(Please list alternate numbers if applicable)

Name of relative or childcare provider _____ (Relationship)

Address _____ Phone _____

Part I or II must be completed below

Part I: Parent/Guardian Consent Authorization

In the event that attempts to contact me at any of the phone numbers above are unsuccessful, I hereby give my consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Phone _____

I give my consent for (1) the administration of any treatment deemed necessary by the medical care providers listed or in the event the designated preferred medical care provider is not available, by another licensed physician, dentist or medical specialist; & (2) the transfer of child to the local hospital listed or any hospital reasonably accessible. This authorization DOES NOT cover major surgery, unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to surgery.

List any facts concerning child's medical history, including allergies, medications being taken, and any physical impairment(s) to which medical care providers should be alerted:

Parent/Guardian Signature _____ Date _____

Parent/Guardian Address _____

Do not complete Part II, if you have completed Part I

Part II: Refusal to Consent

I DO NOT give my consent for emergency medical or dental treatment of my child. In the event of illness or injury requiring medical treatment, I wish the bowling center authorities to take the following action

Parent/Guardian Signature _____ Date _____

Parent/Guardian Address _____