

68th ANNUAL NC NAACP STATE CONVENTION

October 13-15, 2011

High Point, North Carolina

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

NOTE: Please prepare one form for each individual youth.

NAME _____ AGE _____ DOB _____ SEX _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE () _____

In case of emergency, contact: _____

Telephone () _____

HOTEL ASSIGNED _____

CONSENT:

I _____, the parent (s)/guardian (s) of the above-named child hereby give consent and approval for him/her to attend the **68th Annual NC NAACP STATE CONVENTION in High Point, North Carolina**. We hereby authorize _____ to take emergency actions on behalf of my/our child in the event of accident or illness during the course of the convention.

Parent(s)/Guardian (s)

Signature _____ Date _____

Insurance Carrier _____

Identification Number _____ Group Number _____

Personal Physician _____

Telephone () _____

Please give us any additional information that would facilitate care in a health or medical emergency (i.e., special medications, physical disabilities, allergies, heart condition, seizures, etc.): _____
