



**HKonJ6PAC**  
**Historic Thousands on Jones Street People's Assembly Coalition**  
**February 11, 2012 • Raleigh, NC**

**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 **HKonJ6PAC--- Historic Thousands on Jones Street People's Assembly Coalition in Raleigh, 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.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_