



Emergency Medical Authorization Form

Child's Name

In the case of an injury, accident or illness, I authorize The DAC, its program instructors or employees, or medical/first aid personnel, to render first aid and obtain whatever medical treatment is deemed necessary for my child's welfare.

If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant to the hospital.

I further understand that I will be fully responsible for any and all charges and fees incurred in the rendering of said treatment or transport, regardless of whether my medical insurance would cover such charges and fees.

Parent/Guardian Signature

Date