



NAACP ACT-SO

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

YEAR _____

The undersigned parent(s) and/or guardian(s) of the following named minor:

(fill-in your participating ACT-SO youth's name)

have been advised that (ACT-SO youth's name) _____ is a contestant in the ACT-SO program and will be held by the National Association for the Advancement of Colored People in: _____. The Undersigned herewith has consent to the participation of the child in the program. Consent and approval is granted for the aforesaid minor to attend the Convention. Consent and approval is also granted to the NAACP/ACT-SO members and volunteers under whose custody the said minor has been entrusted in loco parentis to authorize and take emergency actions in the case of a medical emergency, such as an accident or sudden illness, in behalf of said minor.

Name of Medical Insurer/Provider: _____

Insured I.D. Number and Name: _____

Basic Critical Information on Child's Medical History/Problems: _____

Special Medications and Medical Problems: _____

Allergies or Other ongoing problems: _____

Name and Telephone Number of Child's Physician/Medial Provider: _____

Parent(s)/ Guardian Information:

Full Name: _____

Full Address: _____

Work Telephone: () _____

Home Telephone: () _____

Alternative: () _____

ON PENALTY OF PERJURY:

Parent/Guardian

Parent/Guardian

Minor Child/ACT-SO Participant

Witness Signature