TEDx Youth@Dayton

x = independently organized TED event

Student's Name_____Age_____Birthdate_____
Mother / Guardian _____Contact #_____
Father / Guardian _____Contact #_____
Alternate Contact _____Contact #_____

As the Parent, Agency Representative, or Legal Guardian, I hereby give consent to TEDxYouth@Dayton to provide all emergency medical or dental care prescribed by a duly licensed Physician (MD), Osteopath (DO) or Dentist (DDS) for the above stated child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

In case of an emergency, I prefer my child to be transported to _____ by the local emergency unit for treatment if they deem it necessary.

It is understood that in some medical situations the staff will need to contact the local emergency resource before consulting the parent, child's physician, and/or the adult acting on the parents' behalf.

I understand that payment for the emergency medical treatment will be the responsibility of the parent or legal guardian.

Medications and other significant medical information_____

_____

Medical Information

Physician_____Address_____

Phone_____ Medical Plan & Number_____

Dentist_____Address_____

Phone_____ Medical Plan & Number_____

If physician cannot be reached, what action should be taken?

[ ] Call emergency hospital **[ ] Other – Explain: _____**

_____

Parent / Guardian Signature **Date**