

**WORTHINGTON FIELD STUDIES, INC.
SUMMER 2010 – PACIFIC NORTHWEST**

4. PERMISSION FOR EMERGENCY TREATMENT

On rare occasions, an emergency requiring hospitalization and/or surgery develops. Since minors may not, as a rule, be administered an anesthetic or be operated upon without the written consent of the parent or guardian, we request that parents or guardians sign the following statement. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact parents.

In the event of injury or illness to our son/daughter/ ward _____ (name), we hereby authorize the representatives of the FIELD STUDIES DIRECTORS, their officers and/or agents, to secure whatever treatment is deemed necessary, including the administration of an anesthetic and surgery.

Signature _____ (Parent or Guardian) Date _____

I give permission for my son/daughter/ward to receive from one of the directors non-prescription medications such as Extra Strength Tylenol Caplets, Pepto-Bismol, throat lozenges, Dramamine, Actifed, Sudafed, Topical Benadryl spray, Cortaid Cream, Kaopectate, or Topical Icy-Hot.

Parent signature		Date
Home phone number	Work phone number	Work phone number
Date of last tetanus shot	Allergies to drugs or foods	
Special medications, blood type or other pertinent information		
Family Physician	Phone Number	
Insurance Company	Insurance Policy Number/ID Number	