

# EMERGENCY MEDICAL AUTHORIZATION

Please Print

Student Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Cell#) \_\_\_\_\_

**PARENTS:** Please complete *Part I* or *Part II* of this form. Completion of this form enables parents to authorize emergency treatment for children who become ill or injured during summer programs.

## Part I – Consent Granted

In the event reasonable attempts to contact me at (phone #) \_\_\_\_\_  
or (spouse) \_\_\_\_\_ at (phone #) \_\_\_\_\_ have been  
unsuccessful, I hereby give my consent for: The administration of any treatment deemed necessary by  
(family physician) \_\_\_\_\_ or (family dentist) \_\_\_\_\_.  
In the event the designated preferred practitioner is not available, by another licensed physician or dentist  
and the transfer of the child to (preferred hospital) \_\_\_\_\_ or any  
hospital reasonably accessible.

**RELEASE & WAIVER OF LIABILITY:** I give my permission to the G.WIZ Staff to provide any medical assistance they feel appropriate for my child named above. I also give permission for any emergency personnel to treat my child in the event of an emergency. I will be responsible for any and all medical expenses that may be incurred. In consideration of the right to participate in the G.WIZ summer programs, I, for myself and my minor child, have and do hereby assume all risks and will indemnify and hold harmless G.WIZ, its employees, board of directors, officers, and members from any and all liability, actions, causes of action, debts, claims, demands, or other liability of every kind and nature whatsoever which may arise, whether caused by ordinary negligence or otherwise.

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN,  
AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE  
ALERTED: \_\_\_\_\_

**PARENT / GUARDIAN:** Please sign on the line indicated below. This signature **MUST BE NOTARIZED** in order for your child to participate in the G.WIZ summer programs.

NAME \_\_\_\_\_ X \_\_\_\_\_  
Printed Name Legal Signature of Parent / Guardian

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ DATE \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_  
\_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who (did) (did not) take an oath.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

NOTARY SEAL

\_\_\_\_\_  
NOTARY PUBLIC PRINTED NAME

\_\_\_\_\_  
COMMISSION#

\_\_\_\_\_  
EXPIRATION  
STAMP/SEAL

ALTERNATE CONTACTS: Please list at least two alternate persons who may be contacted if your child should become ill and need to be sent home.

Name/Phone \_\_\_\_\_ Name/Phone \_\_\_\_\_

## PART II – Refusal to Consent

*(Do not complete if Part I is completed)*

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the camp authorities to take no action or  
to: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO CONSENT – *(Please circle one)*

G.WIZ, Gulfcoast Wonder & Imagination Zone, (HAS) / (DOES NOT HAVE) my permission to use (child's name)  
\_\_\_\_\_, my child's photograph for publicity purposes.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**G.WIZ, The Hands-On Science Museum**  
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