

CONSENT FOR EMERGENCY MEDICAL TREATMENT

If a medical emergency should arise during my minor child's participation in any activities, at a time when I am not personally present or cannot be contacted so as to be consulted regarding the child's care, I hereby authorize, consent, and allow Glynn County, Georgia, including but not limited to the Glynn County Recreation and Parks Department staff, to initiate and consent to any medical, dental, or surgical treatment, including hospitalization, which is deemed advisable by any licensed physician, dentist, or surgeon, in order to protect my child's health and well-being with the understanding that the family will be notified as soon as possible.

Signature of Parent/Guardian

Date

Insurer

Policy or account number