

**58th ANNUAL NAACP SOUTHEAST REGION CIVIL RIGHTS
ADVOCACY TRAINING INSTITUTE**

**March 24 – 27, 2011
Montgomery, Alabama**

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

NOTE: Please prepare one form for each individual youth.

NAME _____ AGE _____ DOB _____ SEX _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE () _____

In case of emergency, contact: _____

Telephone () _____

HOTEL ASSIGNED _____

CONSENT:

I _____, the parent (s)/guardian (s) of the above-named child hereby give consent and approval for him/her to attend the **58th Annual NAACP SOUTHEAST REGION Civil Rights Advocacy Training Institute in Montgomery, Alabama.** We hereby authorize _____ to take emergency actions on behalf of my/our child in the event of accident or illness during the course of the convention.

Parent(s)/Guardian (s)
Signature _____ Date _____

Insurance Carrier _____

Identification Number _____ Group Number _____

Personal Physician _____

Telephone () _____

Please give us any additional information that would facilitate care in a health or medical emergency (i.e., special medications, physical disabilities, allergies, heart condition, seizures, etc.): _____

