

**Authorization for Medical Treatment/  
Emergency Treatment**

In case of serious accident or illness to my child's body or in the event that the injury/illness involves my child's mouth or teeth, I hereby authorized the staff of the Boys & Girls Clubs of Benton and Franklin Counties, my child's physician, dentist, emergency personnel, and those individuals named on the Membership Form to give any necessary treatment to my child, including emergency surgery. You may call the doctor and or ambulance for updating medical information to the Boys & Girls Clubs of Benton and Franklin Counties.

**Permission for Field Trips**

I give permission for my child to attend the field trips provided by the Boys & Girls Club. I give Boys & Girls Club Staff permission to provide transportation by Ben Franklin Transit or Club van. I know that my child may walk to field trips. I understand that the Boys & Girls Club is not liable for any injuries, which may be incurred while being transported or while walking.

**Signature of Parent/Legal Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Emergency Information Card**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Father's Name \_\_\_\_\_ Home# \_\_\_\_\_

Work Place \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_

Work Place \_\_\_\_\_ Work # \_\_\_\_\_

Please list 2 emergency contacts in case we are unable to contact you in the event of an accident/illness that requires we send your child home.

Name \_\_\_\_\_ # \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_

Medications \_\_\_\_\_