

## **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I am the parent/guardian of (please print) \_\_\_\_\_ .

Subject to the conditions set forth below, I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by the Speech and Language Center of Northern Virginia, Inc. (SLCNV), Dolley Madison Preschool, Dolley Madison Summer Camp.

Should a medical emergency arise on the School's property or during my child's participation in a School sponsored activity off-site, I understand that reasonable efforts will be made to contact me or my designated alternate at the contact numbers listed on my child's application and/or emergency card. However, if it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternative would cause, or if the listed contacts are unreachable, I consent to:

- (i) the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility named on my child's emergency card or chosen by School staff;
- (ii) the immediate administration of life-sustaining measures deemed necessary under the circumstances; and
- (iii) where necessary, the transport of my child by emergency medical transport.

Pursuant to state regulations, in the event that an ambulance service is not readily accessible within 10-15 minutes, and it is believed that the child's life or health may be affected by further delay, I give my consent for the transport of my child in a personal vehicle for medical treatment. Private vehicles will be properly registered and insured and operated by a school teacher or therapist. My signature below acknowledges that the SLCNV, its employees and affiliated entities shall not be held liable for further injury to the child during the course of such transport.

\_\_\_\_\_ (Date)  
(Parent Signature)