

Emergency Medical Authorization

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Parent's Signature			
Date			
Date Subscribed and sworn to (d	or affirmed) before me	e this	day of
	or affirmed) before me	e this	day of
	or affirmed) before me		
	or affirmed) before me	e this Signature of No	
	or affirmed) before me		
	or affirmed) before me		
Subscribed and sworn to (d		Signature of No	
	or affirmed) before me	Signature of No	
Subscribed and sworn to (d		Signature of No	