



hack.init() Hackathon Emergency Medical Authorization Form

By signing this Medical Authorization Form, I hereby grant temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Personal Information of the Minor:

Full Legal Name: _____
Home Address: _____
Date of Birth: _____ Gender: Female _____ Male _____
Name of Personal Physician (if applicable): _____
Personal Physician's Phone # (if known): (____) _____
Commercial Medical Insurer/Health Plan: _____
Policy #: _____

Allergies to Medications: _____
Allergies (Other): _____
Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for a designated licensed medical specialist (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. I agree that I will not file malpractice suit due to decisions under best judgment made by the Designated Adult.

Signature of Legal Guardian

Date of Signing