

## 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:	Candar Eamala	
Date of Birth:	Gender: Female	Naie
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 cu	irrently receiving treat	ment:
Note any other significant medical information:		
I do hereby state that I have legal custody of the a and consent for a designated licensed medica administer general first aid treatment for any mind. If the injury or illness is life threatening or in Designated Adult to summon any and all profess and treat the minor and to issue consent for any or other medical diagnosis, treatment, or hospita under the general supervision of, any licensed medical professional or institution duly licensed is to occur. I agree to assume financial responsibility	I specialist (hereafter or injuries or illnesses eneed of emergency troional emergency personal emergency personal care deemed advisable physician, surgeon, do to practice in the state	"Designated Adult") to xperienced by the Minor. eatment, I authorize the nnel to attend, transport, transfusion, medication, le by, and to be rendered entist, hospital, or other in which such treatment
It is understood that this authorization is given in given to provide authority and power on the part her best judgment upon the advice of any such me not file malpractice suit due to decisions under be	of the Designated Adu edical or emergency per	lt in the exercise of his or rsonnel. I agree that I will
Signature of Legal Guardian	Date of Signing	