

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION FOR MINOR

I represent to the American Heart Association, Inc. ("AHA") that I am the parent or legal guardian of the minor\_\_\_\_\_. In case of a medical or dental emergency, I request that I be contacted at the telephone number below.

I hereby authorize the AHA to order emergency medical treatment for the minor as it deems necessary while minor is volunteering. Notwithstanding the foregoing, I acknowledge that the AHA is under no obligation to contact any medical professional or hospital to render medical assistance to the minor.

Parent/Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_