



**creative
computer
camps**

2009 Creative Computer Camps

Educational Technology Center
Armstrong Atlantic State University
11935 Abercorn St.
Savannah, GA 31419
Phone: 912.344.2911 Fax: 912.344.3444

Emergency Authorization

Student _____ Age _____

Part I (To grant request for treatment)

In the event reasonable attempts to contact me at _____ or
[Phone number (s)]
_____ at _____ or
[Name of Other Parent or Guardian] [Phone number (s)]
_____ at _____ have
[Emergency Contact] [Phone number (s)]

been unsuccessful, I hereby give my consent for:

1) the administration of any treatment deemed necessary by Dr. _____ or
(Preferred Physician)
Dr. _____ or in the event the designated preferred practitioner is not available, by
(Dentist)
another licensed physician or dentist: and 2) the transfer of my child to
_____ or any hospital reasonably accessible. I accept full financial
responsibility for the payments of all charges made for medical services rendered. I absolve AASU or the AASU
Visual and Performing Arts Staff of any liability who in good faith complies with this request.

Pertinent facts concerning my child's medical history including allergies, medications taken, and any physical
impairments are as follows:

Date: _____ Parent or Guardian Signature: _____

Do not complete Part II if you completed Part 1

Part II (Refusal to Consent)

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury
requiring immediate treatment, I wish the school authorities to take the following action:

