



TOWN HOUSE INTERNATIONAL SCHOOL

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FOR THE SAFETY OF THE CHILDREN AUTHORIZATION FOR PEDIATRIC EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT

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It is the firm hope of Town House International School of Filipinas Americas Science & Art Foundation that the authorization granted on this form will never have to be used. For the safety of the children of T.H.I.S., however, sound medical practice calls for such authorization. **IN AN EMERGENCY SITUATION ONLY**, when for some reason the parent of the child cannot be immediately contacted, this form may be extremely important. The authorization granted by this form will be used **ONLY WHEN ABSOLUTELY NECESSARY AND ONLY AFTER EVERY ATTEMPT HAS BEEN MADE FIRST TO CONTACT THE PARENTS**. We find that doctors and hospitals refuse to give any treatment, no matter how minor, unless they have authorization from the parents. As you know, time can be a factor in being of assistance to your child when medical attention is needed, and this would assure us that no time would be lost in giving immediate treatment.

AUTHORIZATION

In case of emergency, I hereby authorize the doctor or the hospital to which my child may be brought (and whoever they may designate as their assistant) to perform any emergency procedure or operation; to give treatment and the administration of any anesthetic to my child during his or her stay in school.

SIGNATURE: _____ DATE: _____

RELATIONSHIP TO CHILD: _____

NAME OF CHILD: _____

ADDRESS: _____

PHONE # (____) _____

Is child covered by hospitalization insurance? _____

Hospitalization Policy or Certificate # _____

NAME OF POLICY HOLDER: _____

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