



**DCYF DAY STUDENT
EMERGENCY ANESTHESIA AND SURGICAL PERMIT**

In the event of an emergency I, _____(*mother/guardian*)
and/or _____(*father/guardian*) parent (s) of
_____, hereby authorize any medical or surgical care
which Spaulding Academy & Family Services, on advice of a registered physician, recommends
for my student. Consent for the emergency care will be given by a Spaulding Employee through
consultation with the Spaulding Resource Staff. I also authorize any anesthesia necessary for the
emergency medical or surgical care. It is understood that the above includes, if necessary, any
emergency operation or placement in a hospital. I further understand that Spaulding personnel
will contact me at the earliest possible moment to inform me of the emergency.

Hospitalization: Child is covered by:

Medical Insurance Company _____

Plan _____ Cert # _____ Group # _____

Authorization:

Signature of mother/guardian

Date

Signature of father/guardian

Date

Witness

Date