



# Little Rock Branch NAACP

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The following named minor,  
the Little Rock Branch NAACP.

is a contestant in the ACT-SO program to be held by

The Undersigned herewith has consent to the participation of the child in the program. Consent and approval is granted for the aforesaid minor to participate the the competition's related activities. Consent and approval is also granted to Little Rock Branch ACT-SO members and volunteers under whose custody the said minor has been entrusted *in loco parentis* to authorize and take emergency actions in the case of a medical emergency, such as an accident or sudden illness, on behalf of said minor.

Name of Medical Insurer/Provider:

Insured I.D. Number and Name:

Basic Critical Information on Child's Medical History/Problems:

Special Medications and Medical Problems:

Allergies or Other ongoing problems:

Name and Telephone Number of Child's Physician/Medial Provider:

Parent(s)/ Guardian Information:

Full Name:

Full Address:

Work Telephone:

Home Telephone:

Parent/Guardian:

DATE:

ACT-SO Official:

DATE: