**Communications Career Exploration Camp**

**Summer, 2017**

**PARENT/GUARDIAN AUTHORIZATION**

In the event I cannot be reached in an emergency, I hereby give permission to the medical

personnel selected by Misericordia University to hospitalize, secure proper treatment for, and to

order injection, anesthesia or surgery for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Print Name)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_