



Hackensack Meridian
JFK University Medical Center

Muhlenberg
Harold B. and Dorothy A. Snyder
Schools of Nursing and Medical Imaging

AUTHORIZATION FORM

In the event of serious illness, accident, or need for emergency surgery and we find it impossible to immediately reach parents or the person legally responsible for the welfare of the student, we ask that you sign the following permission form.

I hereby authorize JFK Medical Center and the attending physician or attending physicians in charge of the care of:

Print Student Name

Age

to carry out such diagnostic procedures, to administer such anesthetics, transfusions, intravenous medication, and to perform such operations as may be deemed necessary or advisable in the diagnostic and/or treatment of the student, and to make proper disposition of all tissue or anatomical parts.

Student or Guardian Signature: _____

Relationship: _____

Date: _____