



NATIONAL ASSISTANCE LEAGUE
ASSISTEENS® AUXILIARIES CONSENT FORM

Consent for Emergency Medical-Dental Treatment

I understand every effort will be made to contact me as parent/guardian of _____
_____ in case of a medical and/or dental emergency while attending
Assisteens events during the _____ year. In the event that I cannot be reached, I
hereby authorize the adult in charge of the event to obtain emergency medical and/or dental
treatment.

Physician _____ Phone _____

Dentist _____ Phone _____

Parent's Home Phone _____ Parent's work phone _____

Parent's Cell Phones _____

Neighbors or Relatives _____ Phone _____

Parent/Guardian Signature

Date

Please indicate below any physical problems, allergies, medications, etc., of which we should
be aware and which may affect your daughter's physical condition:
