

# Parental Authorization for Emergency Medical Treatment



*Cobb County...Expect the Best!*

The undersigned parent/guardian and minor child/employee hereby authorize Cobb County, a political subdivision of the State of Georgia, and its authorized representatives to provide emergency medical treatment to said undersigned minor child/employee, \_\_\_\_\_, for any injury he or she might receive as an employee of Cobb County and while in the course of his/her employment.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Minor/Employee

\_\_\_\_\_  
Parent or Legal Guardian