

Additional parent/legal guardian release - Emergency Consent Form

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave this completed EMERGENCY CONSENT FORM with _____, the form will accompany your child to the hospital.

I, _____ Parent/ legal guardian of _____ do hereby give my consent to _____, its elected and appointed officials, officers, employees, agents and other volunteers, to secure and authorize such emergency medical treatment as the above name might require while under the supervision of said care provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/ son/ daughter/ guardian, etc. in case of an emergency. In the even of an emergency, it would be necessary to have the following information:

Physician's Name: _____ Phone Number: _____

Preferred Hospital: _____

Address: _____ Phone: _____

If the parents/ son/ daughter/ guardian is unavailable, other relatives or persons to contact

in emergency: Name: _____

Address: _____

Phone: : _____

Relationship: _____

Signature of parent/ legal guardian: _____

Date: _____