

# EMERGENCY MEDICAL CONSENT

I, \_\_\_\_\_, hereby give my consent for emergency medical care to be provided for my child(ren): \_\_\_\_\_

while he/she/they is/are in the care of \_\_\_\_\_.

Physician/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital: \_\_\_\_\_

In the case of such an emergency, I can be reached at: ( \_\_\_\_\_ ) \_\_\_\_\_.

## NOTARIZED

\_\_\_\_\_  
SIGNATURE

City/County of \_\_\_\_\_

Commonwealth/State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

Name of Insurance Company/Medicaid: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Policy Number/Medicaid Number: \_\_\_\_\_

Name and address of relative, friend or otherwise responsible person to contact in case parents cannot be reached:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_