

## CONSENT FOR EMERGENCY TREATMENT

As the parent or legal guardian,

I hereby give consent that my child \_\_\_\_\_, may be given emergency treatment to include 1st Aid/CPR by a qualified staff member of Kids Club or Medic 1. I also give permission for my child to be transported by an aid car, ambulance or staff car to the nearest medical treatment center or hospital if necessary. In the event that I cannot be contacted, I further consent to the medical, dental, and surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician (M.D.), dentist (D.D.S.), or hospital when deemed immediately necessary or advisable by the physician to safeguard the life, limb or well-being of my child. It is understood that a conscientious effort will be made to notify me or other persons listed on this form before such action is taken. The expense of this service will be accepted by me.

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Child's Current Medications: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Wk #:** \_\_\_\_\_

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

Street City State ZipCode

Hm #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Wk #:** \_\_\_\_\_

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

Street City State ZipCode

Hm #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_