

Permission for Emergency Treatment

On rare occasion, an emergency requiring hospitalization and/or surgery develops. Because minors may not, as a rule, be administered an anesthetic or be operated upon without the written consent of a parent or guardian, we request that parents or guardians sign the following statement. Every effort will be made to contact the parents or guardian before any major treatment. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact a parent or legal guardian.

In the event of any injury or illness to our son/ward,

(Name) _____

(Birth date) _____

We hereby authorize the representatives of the Sponsor, their officers and/or agents to secure whatever treatment is deemed necessary, including the administration of an anesthetic and surgery.

Insurance Carrier _____

Insurance Group ID _____

Child's ID number _____

Emergency Contact Numbers – Mother Cell Phone _____

Father Cell Phone _____

Home Phone _____

Medications my child is currently taking _____

Known Allergies _____

Parent / Legal Guardian Signature _____