

RELEASE FOR EMERGENCY CARE

This form must contain only one child's name, be notarized and updated annually.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____ in the event of an emergency at which time that I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Family Physician's Name/Health Care Resource Telephone Number

Allergies: _____

Date of Last DPT or Tetanus: _____

Insurance Company covering child: _____

Policy Number: _____ Group No. _____

Medications Currently Taking: _____

Signature of Custodial Parent/Legal Guardian Date

Phone Number (H) _____ (W) _____

Emergency Contact: _____
Name Area Code, Telephone Number

Street Address (number, apartment, street) City, State, Zip

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____ by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Signed: _____

Name – typed, printed, or stamped

Title or Rank

Serial Number (if any)