

RELEASE FOR EMERGENCY CARE

To Whom It May Concern:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child,

Name of Child

in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

Family Physician's Name

Phone Number

Dentist Name

Phone Number

Known Allergies: _____

Date of last DPT or Tetanus: _____

Insurance Company covering Child: _____

Policy #: _____ Expiration Date: _____

Primary Insurance Holder _____

Signature of Parent/Guardian

Date

STATE OF _____

EXPIRATION DATE: _____

Notary Seal

COUNTY OF: _____

ON THIS _____ DAY OF _____ 20____, BEFORE ME CAME

_____, KNOWN TO ME PERSONALLY OR THROUGH THE IDENTIFICATION OF THEIR DRIVERS LICENSE.

Notary Signature