



RELEASE FOR EMERGENCY CARE

To whom it may concern,

I hereby give my consent to any emergency facility and physical to administer necessary treatment to my child _____.

Name of Child

In the event of any emergency at which time I cannot be reached, I give consent for my child to be transported by ambulance to the nearest hospital.

Preferred hospital: _____

Allergies: _____

Date of last DPT or Tetanus: _____

Insurance company covering the child: _____

Policy Number

Date

Signature of Parent or Guardian

Date

This form is to be notarized.

State of: _____

County of: _____

On the _____ day of _____, 20____, before me

came _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that (s)he executed the same.

Notary Public