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Emergency Medical Care and Release of Information Consent

I _____ give my consent to ABLED, Inc. staff to authorize emergency medical care including emergencies requiring the administration of anesthetics and surgical procedures which are advised by the attending physician. I also consent to the release of medical and personal information to attending health care professionals as a part of such emergency medical care. In the case of serious injury/illnessor surgery ABLED, Inc. staff will notify the guardian or family member as soon as possible.

This consent will remain in effect for one year from the date signed below. This consent maybe revoked at any time by written notice to ABLED, Inc. Administration.

_____ _____

Participant: Date:

_____ _____

Legal Guardian: (If applicable) Date:

_____ _____

ABLED, Inc. Representative: Date: