

## Release For Emergency Care

To whom It May Concern

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

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

\_\_\_\_\_  
Family Physician's Name

\_\_\_\_\_  
Phone Number

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications your child is taking: \_\_\_\_\_

Insurance Company covering your child: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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 he executed the same. Type of identification \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name