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

_____