



Release for Emergency Care

This form must contain only one child's name, be notarized and updated annually.

I hereby give my consent to any emergency facility and physician to administer 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/Health Care Resource: _____

Address: _____ Phone number: _____

Allergies _____

Date of last DPT or Tetanus: _____

Insurance Company covering child: _____

Policy number: _____ Group number: _____

Emergency contact: _____

Address: _____ City/State: _____ Zip code: _____

Phone number: _____ Work number: _____

Signature of Custodial parent or Legal Guardian: _____ Date: _____

STATE OF: _____

COUNTRY OF: _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____ by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Signed: _____

Name: _____

Typed, Printed or Stamped

Title or Rank: _____

Serial number (if any): _____