

PARENTAL CONSENT FORM

I _____ hereby appoint: _____

(Parent) : _____

(Names of person(s) supervising children)

In my absence the person(s) listed above may render emergency medical care
to all of the following MINOR CHILDREN:

(Name of minor child)

(Name of minor child)

(Name of minor child)

as could be undertaken by the parent, and the parent hereby releases said appointee
and it's agents and employees from any and all acts taken in good faith during my absence,
to seek emergency medical treatment for said minor child.

Signed this _____ day of _____, _____ (year)

In the presence of:

(Please print name)

(Witness Signature)

(Please sign name)

(Date)

** Please list any information that pertains to any of your children, indicating which child the item applies to:

Current illness: _____

Current medication: _____

Allergies to medication: _____

Chronic conditions: _____

(Please attach an additional sheet to this form if more information is need)