

PARENT MEDICAL CONSENT FORM

This form will enable a doctor to give necessary medical treatment in case of an emergency resulting from an accident or illness and when the parent cannot be reached. All efforts will be made to contact the parents. But if medical attention is required immediately and the parent cannot be contacted, permission is given to take the child mentioned below to the nearest hospital/medical facility to proceed with medical treatment. I understand that any expenses incurred for such treatment is my responsibility.

Name of child: _____ Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____