



Parents / Guardians are asked to fill out and sign **Part 1** or **Part 2**

**Part 1: Grant To Consent**

I hereby give consent for the medical care providers and local hospital listed on the front of this form to be called. In the event reasonable attempts to contact me have been unseccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by those doctors, or, in the event the designated preferred practitioner is not available, by any other licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and physical impairments to which a physician should be alerted:

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

\_\_\_\_\_  
Date

**Part 2: Refusal To Consent**

I **DO NOT** give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the team authorities to take the following action.

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

\_\_\_\_\_  
Date