

Emergency Medical Treatment Consent Clause

In the event of an emergency requiring medical attention, I hereby authorize the designated staff, representatives, or emergency personnel to obtain and administer any necessary medical treatment, including but not limited to first aid, CPR, transportation to a medical facility, and administration of medication as prescribed by licensed medical professionals.

I understand that every effort will be made to contact the emergency contacts listed below prior to administering major medical treatment, but treatment will not be withheld if those contacts cannot be reached immediately. I agree to assume full financial responsibility for all expenses incurred as a result of any emergency medical treatment and transportation.

Patient Information

Full Name of Patient:

Date of Birth:

Known Medical Conditions or Allergies:

Emergency Contact Information

Emergency Contact Name:

Relationship to Patient:

Primary Phone Number:

Alternative Phone Number:

Consent and Signature

By signing below, I acknowledge that I have read, understood, and agree to the terms of this Emergency Medical Treatment Consent Clause.

Printed Name of Parent, Guardian, or Adult Patient:

Relationship (if signing for a minor or dependent):

Signature (Sign on line):

Date: