Location	THIS FORM IS THE PROPERTY OF THE	
Date	EVENT PROMOTERS AND IS ONLY	
	VALID FOR THE EVENT DATED.	

ATTENTION PARENTS AND LEGAL GUARDIANS

Did you know that if your child has an accident or illness in your absence except in the case of injuries which threaten life or limb patients under the age of 18 years old must have a parent or legal guardian sign a consent form before treatment can be given in a hospital emergency room? You can save time and the concern of the person to whom you entrust the care of your child should this be necessary during your absence. It is important to include any allergy, illness history and medications that your child is taking as well as the name of the child's physician and the last tetanus immunization.

PATIENT CONSENT FORM

PATIENTS FULL NAME		_AGE
HOME ADDRESS	BIRTH DATE	
HOME TELEPHONE	RELIGION	
WORK TELEPHONE	CELL PHONE #	
PARENT/GUARDIAN SOC. SEC#_	CHILD SOC SEC#	
PARENT/GUARDIAN NAME		
HEALTH INSURANCE NAME-NUM	MBER	
GUARANTOR (PERSON CARRING	INSURANCE)	
FAMILY MEDICAL DOCTOR	TELEPHONE	
CURRENT MEDICATIONS		
ALLERGIES TO MEDICATIONS		
PERTINENT MEDICAL HISTORY_		
LAST TETANUS IMMUNIZATION		
DENTIST	TELEPHONE	
	ch me are unsuccessful, I, parent or legal guardian dmission to a health care facility as determined by erson.	
I GIVE		ΓΟ ACT ON MY BEHALF
AS A LEGAL GUARDIAN FOR	THE ABOVE NAMED PERSON.	
DateSign	nature(Parent or Legal Guardian)	
NOTARY PUI	, ,	
STATE OF	COUNTY OF	SS.
ON THIS	DAY OF	200
BEFORE ME I	PESONALLY APPEARED	
	N (OR PERSONS) DESCRIBED IN AND WHO EXECUTED DGED THAT THEY EXECUTED THE SAME AS THEIR FF	
HAVE YOU R	EAD THIS ENTRY BLANK?	
SIGNED (IN IN	NK)	