



## Emergency Room Treatment Permission

I, \_\_\_\_\_ For \_\_\_\_\_ Age \_\_\_\_\_,  
hereby authorize an emergency room doctor (and whomever he may designate as his  
assistants) to perform emergency treatment and/or procedures as are considered  
therapeutically necessary on the basis of their findings in relation to the injury presented.  
I also give permission for my child to be transported to the hospital by ambulance in  
case of an emergency.

I hereby certify that I have read and fully understand the above authorization for  
emergency medical and/or surgical treatment.

Parent/Legal Guardian \_\_\_\_\_

Medical Insurance Number \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Pertinent information for Emergency Room treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents'/Guardians' Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell number: \_\_\_\_\_ / Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_ / Work number: \_\_\_\_\_

\_\_\_\_\_

**Where Children Learn Through Play**