



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' Name: _____

Home Telephone: _____

Cell number: _____ / Work number: _____

Cell number: _____ / Work number: _____

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