

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

Location \_\_\_\_\_

Date \_\_\_\_\_

**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-NUMBER \_\_\_\_\_

GUARANTOR (PERSON CARRING INSURANCE) \_\_\_\_\_

FAMILY MEDICAL DOCTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

ALLERGIES TO MEDICATIONS \_\_\_\_\_

PERTINENT MEDICAL HISTORY \_\_\_\_\_

LAST TETANUS IMMUNIZATION \_\_\_\_\_

DENTIST \_\_\_\_\_ TELEPHONE \_\_\_\_\_

In the event your efforts to reach me are unsuccessful, I, parent or legal guardian, consent to Emergency evaluation, treatment, and or admission to a health care facility as determined by the physician in charge of the care of the above named person.

I GIVE \_\_\_\_\_ PERMISSION TO ACT ON MY BEHALF AS A LEGAL GUARDIAN  
FOR THE ABOVE NAMED PERSON. \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Parent or Legal Guardian)

**NOTARY PUBLIC SEAL**

**NOTARY PUBLIC SIGNATURE**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ SS. \_\_\_\_\_

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 200 \_\_\_\_\_

BEFORE ME PESONALLY APPEARED \_\_\_\_\_

TO ME KNOW TO BE THE PERSON (OR PERSONS) DESCRIBED IN AND WHO EXECUTED THE FORGOING  
INSTRUMENT, AND ACKNOWLEDGED THAT THEY EXECUTED THE SAME AS THEIR FREE ACT AND DEED. \_\_\_\_\_

HAVE YOU READ THIS ENTRY BLANK? \_\_\_\_\_

SIGNED (IN INK) \_\_\_\_\_