

# Emergency Medical Custody Consent

I, the undersigned, hereby authorize emergency medical treatment and care for the minor listed below in the event I cannot be reached by telephone or otherwise. This consent covers transport, diagnosis, and necessary medical procedures as determined by healthcare professionals.

Minor's Full Name:

Date of Birth:

Custodial Parent/Guardian Name:

Parent/Guardian Contact Number:

Family Physician:

Known Allergies/Medical Conditions:

Medical Insurance Information:

☐ I hereby give consent for emergency medical care for the child named above.

Parent/Guardian Signature:

Date: