CONSENT FOR EMERGENCY TREATMENT

We, the undersigned parent(s) or legal guardian(s) of:

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

do hereby consent to the application of medical treatment which may be necessary in the opinion of any licensed physician, as the result of any accident, injury or illness to said child(ren) from _____ through
Date

_____, inclusive, while said child(ren) is (are) in the care of
Date

_____, who resides at _____

and we authorized the said _____ to act in my (our) place with respect to the giving of any oral or written approvals for such medical treatment, as the situation may require.

_____	_____
Signature	Signature
_____	_____
Name- Printed	Name- Printed
_____	_____
Address	Address
_____	_____
Title	Title

STATE OF OHIO
SS:
COUNTY OF PORTAGE

Before me, a Deputy Clerk of Courts, in and for the State and County, did personally appear the above named

_____, who acknowledged that he/she/they did sign the forgoing consent form and that the same is his/her/their free act and deed.

Whereunto I have set my hand and seal at Kent, Ohio this _____ day of _____ 20_____.

_____
Witness

_____ _____
Witness Deputy Clerk of Courts

Fill out in triplicate - take all three (3) forms to the hospital.

Revised 9/ 16/ 2007