

## Emergency Medical Treatment Consent for Minor Form

Effective Dates of this Consent: \_\_\_\_\_ to \_\_\_\_\_ (UP TO 1 Year)

Child/Dependent's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell phone \_\_\_\_\_ Campsite: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone number \_\_\_\_\_

Emergency Contact (if listed parent/guardian unavailable):

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Campsite: \_\_\_\_\_

### Health History

Special Medical Problems \_\_\_\_\_

\_\_\_\_\_

Medications to be taken with directions: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Last Tetanus Shot (Td) (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ History of Asthma? Yes / No

History of seizures or other loss of consciousness? Yes / No

History of anaphylaxis? Yes / No If yes, does the child carry an Epi-Pen? Yes / No

History of heart problems? Yes / No If yes, nature of problem: \_\_\_\_\_

May be given as necessary: Ibuprofen? Yes / No Tylenol? Yes / No

Any specific activities: Encouraged: \_\_\_\_\_ Discouraged: \_\_\_\_\_

I give my consent in advance to the designated leaders of Elvin HOME, Inc., and to emergency medical technicians, physicians, or hospital selected by the designated leaders to render emergency treatment that, in their judgment, is reasonably necessary for my dependent listed above. Emergency medical treatment includes, but is not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery. I understand that the designated leaders will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency. I specifically release the Elvin HOME, Inc., its council, volunteers, employees, and sponsors from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of non-related adult witness

\_\_\_\_\_  
Date