

The Chapel in Marlboro

EMERGENCY TRANSPORTATION/CONSENT TO TREATMENT AUTHORIZATION

A.) Complete the following:

PARTICIPANT'S NAME		HOME TELEPHONE NUMBER
HOME STREET ADDRESS		CITY, STATE AND ZIP CODE
MOTHER'S NAME	TELEPHONE NUMBER	HOME STREET ADDRESS, CITY, STATE AND ZIP CODE
EMPLOYER'S NAME	EMPLOYER'S PHONE	EMPLOYER'S STREET ADDRESS, CITY, STATE AND ZIP CODE
FATHER'S NAME	TELEPHONE NUMBER	HOME STREET ADDRESS, CITY, STATE AND ZIP CODE
EMPLOYER'S NAME	EMPLOYER'S PHONE	EMPLOYER'S STREET ADDRESS, CITY, STATE AND ZIP CODE
TELEPHONE NUMBER, IF ANY, OTHER THAN HOME OR EMPLOYER, WHERE PARENT CAN BE REACHED		
FATHER:		MOTHER:

B.) List two people who can be contacted in an emergency if the parent cannot be reached:

NAME	TELEPHONE NUMBER	RELATIONSHIP TO CHILD
STREET ADDRESS, CITY, STATE AND ZIP CODE		
NAME	TELEPHONE NUMBER	RELATIONSHIP TO CHILD
STREET ADDRESS, CITY, STATE AND ZIP CODE		

C.) Complete the following:

NAME OF PHYSICIAN OR CLINIC	PHYSICIAN'S TELEPHONE NUMBER
STREET ADDRESS, CITY, STATE AND ZIP CODE	
NAME OF DENTIST OR CLINIC	DENTIST'S TELEPHONE NUMBER
STREET ADDRESS, CITY, STATE AND ZIP CODE	

D.) Either Part I or Part II below must be completed. (Do not complete both.)

This form authorizes The Chapel in Marlboro and/or its agents (hereinafter "The Chapel") to secure emergency transportation for a child. It also evidences my authorization for The chapel to be able to consent to emergency medical or dental treatment for my child. This form does not guarantee treatment upon arrival at the designated treatment facility, as each facility sets their own treatment procedures.

PART I: GRANT PERMISSION I give The Chapel my permission to transport my child _____, or authorize my child to be transported, to any physician, dentist, surgeon, hospital, clinic or similar facility, in the event emergency medical or dental treatment appears reasonably necessary. Accordingly, The Chapel may consent to emergency treatment for my child in the event such treatment is deemed advisable by and/or rendered by a licensed physician, surgeon or dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being necessary, but it is given to provide my express authority to The Chapel to give specific consent to any and all treatment and care that a provider may deem advisable in his/her professional judgment. (This permission authorizes The Chapel in Marlboro and/or its agents [hereafter "The Chapel"] to secure emergency transportation for a child. It also evidences my authorization for The Chapel to be able to consent to emergency medical or dental treatment for my child. *This form does not guarantee treatment upon arrival at the designated treatment facility, as each facility sets their own treatment procedures.*)

SIGNATURE OF PARENT OR GUARDIAN

DATE

PART II: REFUSAL TO GRANT PERMISSION I do not give permission to The Chapel to transport my child _____, or to have my child transported for emergency medical or dental care. Moreover, I do not authorize The Chapel to consent to medical or dental treatment for my child, even if that treatment appears to be reasonably necessary. I understand and acknowledge that The Chapel shall not be held liable in the event emergency or medical treatment is not provided to my child as a result of my refusal to grant this permission. In the event my child does reasonably appear to need emergency medical or dental treatment, I wish the following action to be taken:

SIGNATURE OF PARENT OR GUARDIAN

DATE