

# Permission for Emergency Medical Treatment

*In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY INSURANCE PROVIDER/HEALTH PLAN \_\_\_\_\_

HEALTH PLAN NUMBER (Include expiration date): \_\_\_\_\_

NOTARY INFORMATION BELOW ONLY TO BE USED IF REQUIRED FOR OUT OF STATE TRIPS

Subscribed and sworn to before me on this \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

(Signature)

Notary Public for \_\_\_\_\_ County, Michigan.

My commission expires on \_\_\_\_\_.