

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 _____.