

EMERGENCY MEDICAL CONSENT FORM FOR MILK CREEK RANCH LLC

Milk Creek Ranch LLC has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name

Home Phone _____

Cell Phone _____

E-mail Address:

Father/Guardian's
Name _____

Home Phone _____

Cell Phone _____

E-mail Address:

My insurance provider is

My child's medical record number is

Preferred hospital/treatment center

My child is taking the following medications _____

_____ My child has the following
allergies

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in Milk Creek Ranch LLC's care

Signature of Parent or Guardian

Date

