

Release for Emergency Care

This form must contain only one youth's name, be the original **notarized** form, and be updated annually

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my youth _____, in the event

Youth Name

Of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it

Name Street Address City Phone

Allergies:

Date of last DPT or Tetanus: _____

Insurance company covering youth _____

Policy Number _____ Expiration Date _____

Signature of Parent or Legal Guardian Date

Home Phone: _____ Other Phone: _____

Emergency Contact _____

Home Phone: _____ Other Phone: _____

Address: _____ Zip: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____
(Month) (Year)

By _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath

(Type of identification)

Signed _____

Signature of person taking acknowledgment

Name – Typed, printed or stamped

Title or Rank

Serial Number (if any)