

**CONSENT FOR EMERGENCY MEDICAL CARE**  
**Throwaway Ponies**

In the event of an emergency when a parent/guardian is not present a reasonable attempt to reach the parent/guardian will be made, but the care of the child is our major concern and 911 will be called if necessary with or without the parent's presence.

Emergency medical care may be given to my child, \_\_\_\_\_, in the event I cannot be reached if it is deemed the care must be given in a life threatening situation or in a situation in which the physician feels it is in the best interest of the child's welfare to perform such care to prevent further medical damage.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_

Name                                      Cell Phone                                      Work Phone                                      Home Phone

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Father: \_\_\_\_\_

Name                                      Cell Phone                                      Work Phone                                      Home Phone

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Name                                      Cell Phone                                      Work Phone                                      Home Phone

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_