THIS FORM IS THE PROPERTY OF NCSC AND IS ONLY VALID FOR THE EVENT DATED.

Location : Capeway Rovers, Middleboro, MA

Date : _____

ATTENTION PARENTS AND LEGAL GUARDIANS

Did you know that if your child has an accident or illness in your absence except in the case of injuries which threaten life or limb, patients under the age of 18 years old must have a parent or legal guardian sign a consent form before treatment can be given in a hospital emergency room? You can save time and the concern of the person to whom you entrust the care of your child should this be necessary during your absence. It is important to include any allergy, illness history and medications that your child is taking as well as the name of the child's physician and the last tetanus immunization.

PATIENT CONSENT FORM

PATIENTS FULL NAME	AGE
HOME ADDRESS	BIRTH DATE
HOME TELEPHONE	RELIGION
WORK TELEPHONE	AUTO LICENSE #
PARENT/GUARDIAN SOC. SEC#	CHILD SOC SEC#
PARENT/GUARDIAN NAME	
HEALTH INSURANCE NAME-NUMBER	
GUARANTOR (PERSON CARRING INSURA	ANCE)
FAMILY MEDICAL DOCTOR	TELEPHONE
CURRENT MEDICATIONS	
ALLERGIES TO MEDICATIONS	
PERTINENT MEDICAL HISTORY	
LAST TETANUS IMMUNIZATION	
DENTIST	TELEPHONE
	essful, I, parent or legal guardian, consent to Emergency evaluation, treatment, and or l by the physician in charge of the care of the above named person.
I give	permission to act on my behalf, as a legal guardian for the above
named person.	
DATESIGNATURE	E(PARENT OR GUARDIAN)
NOTARY PUBLIC SEAL NOTARY PUBLIC SIGNATURE	
STATE OFCOU	UNTY OFSS.
ON THISDA	Y O F200
BEFORE ME PESONALLY APPEARED	
	RSONS) DESCRIBED IN AND WHO EXECUTED THE FORGOING IAT THEY EXECUTED THE SAME AS THEIR FREE ACT AND DEED.
HAVE YOU READ THIS ENTRY BLANK?	
SIGNED (IN INK)	