

Second Stage

EMERGENCY MEDICAL CONSENT FORM

Second Stage 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 _____ ID # _____

My child's family physician is _____ Phone # _____

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 Summer Stage Staff care.

Signature of Parent or Guardian

Date