

## Emergency and Medical Treatment Authorization

### Authorization

**SDOHS BAND VOLUNTEER** \_\_\_\_\_,

has permission to take the following actions that I have checked yes.

1. To seek EMERGENCY medical, dental or surgical treatment for my child while I am not present.  Yes  No
2. To transport my child in a private automobile in order to seek EMERGENCY medical, dental or surgical treatment.  Yes  No
3. To transport my child in an emergency vehicle in order to seek EMERGENCY medical, dental or surgical treatment.  Yes  No
4. To transport my child for any reason in a private automobile.  Yes  No
5. Other, \_\_\_\_\_  
\_\_\_\_\_  Yes  No

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date of Release

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date of Release

### Emergency Treatment Release

I give my permission for a licensed physician, dentist, emergency medical personnel, or hospital to provide emergency medical service to my child, \_\_\_\_\_, at the request of the person bearing this consent form. I agree to pay any cost and fees associated with the emergency treatment as secured under this authorization of consent form.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Dates of Release

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Dates of Release