



CONSENT FOR EMERGENCY MEDICAL TREATMENT

Pathfinders Nature Mentoring

This form is intended to acknowledge consent for the child(ren) named below to receive emergency medical treatment at the hospital named below or other necessary institution.

Name of child _____

Age _____

Pediatrician _____

Phone _____

Health Insurance# _____

Hospital _____

Known (life-threatening) allergies _____

May child be given () aspirin () Children's Tylenol Dosage _____

Non-Emergency treatments:

May child be treated with: () Sunblock () insect repellent () Homeopathic medicines () Herbal Medicine

Comments: _____

Parent Name _____

Parent Signature _____ Date _____

Parent Name _____

Parent Signature _____ Date _____