



## CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the participant, authorized representative, or conservator, I hereby give consent to If emergency medical care becomes necessary, I give permission for any treatment the physician deems necessary to preserve the life, limb or wellbeing of the person named below.

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Participant

Date

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Participant, authorized representative or conservator

Date

**Participants has the following allergies:**

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Home Address

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Home Phone

Cell Phone