

# Medical Treatment Consent Letter for Emergency Situations

I, [Full Name of Parent/Guardian/Patient] authorize the necessary medical treatment for:

Patient's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

## Consent Statement

In the event of a medical emergency and in my absence, I hereby consent to any and all necessary medical treatment as recommended by licensed medical professionals for the individual named above. This authorization is given in advance to provide authority and power to render care which the attending physician, surgeon, or qualified medical personnel may deem advisable in the exercise of their best judgment.

## Emergency Contact Information

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Known Allergies / Medical Conditions (if any):

\_\_\_\_\_

## Insurance Information (optional):

Provider: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian/Patient

\_\_\_\_\_  
Date

This consent is valid for emergency situations only. It may be revoked in writing at any time.