## **Emergency Medical Consent Form**

## **Patient Information**

Full Name	
Date of Birth	
Gender	
Address	
Phone Number	
Parent/Guardian Information (if patient is a minor)	
Name	
Relationship to Patient	
Phone Number	
Emorgoney Contact	
Emergency Contact	
Name	
Phone Number	
Medical Information	
Allergies	
Allergres	
Existing Medical Conditions	
<del>7</del>	

Medications
Consent
I authorize emergency medical treatment as deemed necessary by qualified medical personnel.
Signature
Date