Authorization to Obtain Medical Treatment for Minor Child

Witness this Agreement and Authorization by and between Rambling Hill TM, here and

Parent or Guardian Full Name

Rambling Hill TM is hereby authorized to obtain any and all medical treatment Rambling Hill TM, deems reasonably necessary for my minor child and/or children.

The parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Rambling Hill TM shall incur no financial liability for medical treatment obtained according to this authorization.

**Name(s) of child(ren):**

**Date of Birth:**

**Address:**

**Health Insurance Carrier:**

**Plan or Identification No.**

**Primary Healthcare Provider:**

**Allergies to Medications:**

**Current Medications:**

**Emergency Contact Information:**

**Contact 1:**

Name:

Relation:

Phone:

Email:

**Contact 2:**

Name:

Relation:

Phone:

Email:

**CONSENT PLAN**This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed “life saving” by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

**NON-CONSENT PLAN** I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

In the event emergency treatment/aid is required, I wish the following procedures to take place:

**General/Billing Contact Information:**

Person to contact with billing/payment questions:

Phone:

Email: