

TO WHOM IT MAY CONCERN:

I hereby give permission to any hospital to render the treatment necessary in case of emergency, for

NAME _____, the son or daughter
of _____ from CITY _____,
STATE _____. We, the parents signed below, will be
responsible for payment of medical services provided to the child
mentioned above.

Our insurance is
with _____.

The policy number is _____.

Signed this _____ day of _____, 20__.

Signed _____ (guardian or parent)

Address, City, State, Zip

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Birthdate of Child: _____

(The above information is what the Hospital will ask for if we need
to get them treated.)