



## AUTHORIZATION for EMERGENCY MEDICAL TREATMENT FORM

### Participant

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Allergies to Medication: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

### In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize Kopper Top Life Learning Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

### Consent Plan

This authorization includes x-rays, 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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Participant, Parent or Legal Guardian**

### Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in 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.

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Participant, Parent or Legal Guardian**

*Signed in the presence of Center staff*

### Receipt of Treatment Plan

The client or his/her LRP has been informed, in writing, the process for obtaining a copy of his or her treatment plan. You may ask the Director of the program for the treatment plan.

### Client Release

Consent for treatment may be withdrawn at any time.