

Emergency Medical Procedure Consent Waiver

I, _____, hereby consent to the performance of any emergency medical procedures or treatment as deemed necessary by qualified medical personnel should an emergency arise where I am unable to give informed consent.

Patient Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Waiver and Release

I acknowledge that I have read and understand this consent and waiver form. I release all medical providers and associated facilities from liability for acting in accordance with this authorization and for the administration of such emergency medical procedures or treatment(s).

Signature of Patient/Guardian:

Date:

Print Name:

Relationship (if not patient):
