

JMU-OTCES Emergency Care Form

I, _____ Parent/Guardian of _____ born on _____, do hereby give my consent to James Madison University Occupational Therapy Clinical Education Services (JMU-OTCES) to secure such emergency medical treatment as the above name might require while under the supervision of said care provider.

The staff of JMU-OTCES agrees to notify the Parent/Guardian whenever this child becomes ill, and the Parent/Guardian agrees to make arrangements to use his/her family physician and if unavailable to contact said physicians to make arrangements to use facilities as necessary to meet the emergency. The Parent/Guardian agrees to indemnify and hold harmless JMU-OTCES against my claim, demand, debt, obligations, liability, cost, expense, right of action or cause of action based on arising out of such emergency. In the event the Parent/Guardian is not on the premises/reachable JMU-OTCES has my permission to implement emergency action/care.

Parent/Guardian _____
Child/Children _____
Physician _____
Preferred Hospital _____

Date _____
Phone _____

Insurance Information (As Needed):

Name of Subscriber _____
Insurance Company _____
Group # _____
ID# _____
Social Security # _____

Emergency Contact Information:

Emergency contact person _____
Phone: _____ (H) _____ (W) _____ (Cell)
Relationship _____
Signature and Date (parent/guardian): _____

*IF you have special requests related to medical care, please list here and attach any associated legal documentation:

*Signature of Parent/Guardian: _____