

FORM #1- Emergency Medical and Consent Form

Family Doctor: _____ Phone: _____

Specialist: _____ Phone: _____

Hospital (1st choice) _____ (2nd Choice) _____

MEDICAL CONSENT- If the Soul Center Participant is 18 OR OVER and GUARDIANSHIP DOES NOT EXIST, Both the ADULT PARTICIPANT and the Parent/Guardian must sign and date the area below.

Please complete EITHER Part 1 or PART 2 below:

Part 1: GRANT CONSENT

In the event reasonable attempts to contact the above contacts have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by the above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician: and 2) the transfer of the participant to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the participants' medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Signature of Parent/Guardian Date

Signature of Participant if OVER 18 and legal guardianship does not exist Date

Part 2: REFUSAL TO CONSENT (Do not complete if you completed Part 1).

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Soul Center Inc. staff members to take the following action/s **(MUST BE COMPLETED IF REFUSING CONSENT FOR TREATMENT)**:

Signature of Parent/Guardian Date

Signature of Participant if OVER 18 and legal guardianship does not exist Date