

**Consent for Emergency Medical Treatment
of a
Minor Child**

I (We), _____ and _____
(Name of Grantor) (Name of Grantor)

_____, _____, _____, _____
(Street Address) (City) (State) (Phone Number)

State that I am (we are) the parent(s) or legal guardian(s) or other family member(s) authorized to give

consent to treat* _____, a minor, age _____ with a date of birth of _____.

Minor's Address: _____ and Phone: _____.

I (We) also authorize Third World Skate Squad to give consent to treat* the above named minor in our absence.

*Treat – To consent to any necessary examination, anesthetic diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the State of Indiana.

This consent is for the date of _____, during designated skate park activity.

Dated: _____

Signature of Grantor Relationship

Signature of Grantor Relationship