
CHILD MEDICAL CONSENT

by Documatica Legal Forms Inc.

TO WHOM IT MAY CONCERN:

I, Rosalinda Romario make oath and say that I am the lawful Guardian of:

1. Jacinda Romario, a 4 year old female residing at 566 Arbor Ridge Calgary, Alberta, T4G 9E4 and born June 2, 2005 in Calgary, Alberta.

Jacinda Romario's Social Security Number (or Social Insurance Number) is: 293 395 293.

Jacinda Romario's blood type is: B.

Jacinda Romario's Rh Factor is: Negative.

Jacinda has a mild allergy to cashews and animal fur.

DOCTOR CONTACT INFORMATION

Family Physician

Name: Dr. Darren Simmons

Address: 78 Arden Court

City: Calgary, Alberta

Country: Canada

Zip Code: T0E 5G7

Phone Number: (203) 394-5729

Emergency Phone Number: N/A

ESCORT'S AUTHORITY

Jacob Matheson of 34 Beachwood Street, Calgary, Alberta, J9R 3R3 has my permission to consent to treatments such as physical examinations, x-rays, medical, surgical or dental treatment, administration of anaesthetic, any hospital care, and any other treatments or procedures that the attending medical or emergency personnel deem necessary or prudent. I am granting this permission prior to any such health care treatment, for the purpose of providing Jacob Matheson with the authority and power to exercise his or her best judgment upon the advice of any such medical or emergency personnel.

In the event of my child requiring life-sustaining or emergency treatment, I authorize Jacob Matheson to summon any and all professional emergency personnel to attend, transport, and treat my child and consent to physical examination (including x-rays and other imaging techniques), medical diagnosis, provision of medication or anaesthetic, and receipt of any other treatment that may be deemed necessary or prudent by, and provided under the supervision of, any health care professional licensed by the jurisdiction in which such treatment is to take place.

GUARDIAN CONTACT INFORMATION

Rosalinda Romario can be reached at home or work, as follows:

566 Arbor Ridge Calgary, Alberta, T4G 9E4

Home Phone: (293) 958-0987

Work Phone: (293) 283-9354

Mobile Phone: N/A

Fax: N/A

E-mail: romario@email.com

EFFECTIVE DATE

This consent will take effect on or about May 1, 2009 and continue until May 31, 2009.

This sample represents only part of a completed document.
The remainder of the document has been intentionally omitted.

SAMPLE DOCUMENT