
CHILD MEDICAL CONSENT

by Documatica Legal Forms Inc.

TO WHOM IT MAY CONCERN:

I, Patricia Summers make oath and say that I am the lawful guardian of:

1. Elliott Summers, a 4 year old male residing at 67 75th Street London, England, NE147TR and born June 3, 2006 in London, England.

Elliott Summers's Social Security Number (or Social Insurance Number) is:
84392489.

ESCORT'S AUTHORITY

Maria Summers of 496 Evergreen Street, London, England, NW59ED 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 Maria Summers 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 Maria Summers 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

Patricia Summers can be reached at home or work, as follows:

67 75th Street London, England, NE147TR

Home Phone: (384) 487-2938

Work Phone: (384) 477-9874

Mobile Phone: (384) 687-7958

Fax: N/A

E-mail: summers9203@email.com

EFFECTIVE DATE

This consent will take effect on or about May 17, 2009 and continue until May 24, 2009.

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