

**MYANIA MOSES & ASSOCIATES EMERGENCY CARE**

I \_\_\_\_\_  
Parent/Guardian of

\_\_\_\_\_  
Son/daughter  
Born on \_\_\_\_\_, do hereby give my consent to  
Myania Moses and Associates

\_\_\_\_\_  
To secure such emergency medical treatment as the above name might require while  
under the supervision said care provider.

The staff of Myania Moses and Associates 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 Myania Moses and Associates 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 Myania Moses and Associates has my permission to implement  
emergency action/care.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Child/Children \_\_\_\_\_  
Physician \_\_\_\_\_ Telephone# \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

**Insurance Information**

Name of Subscriber \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Group # \_\_\_\_\_  
ID# \_\_\_\_\_  
Social Security # \_\_\_\_\_

**Emergency Contact Information**

Home \_\_\_\_\_ m/cell \_\_\_\_\_  
Dad/work \_\_\_\_\_ d/cell \_\_\_\_\_  
Emergency contact person \_\_\_\_\_  
Emergency Contact Person's Telephone # \_\_\_\_\_  
Relationship \_\_\_\_\_