

# Consent for Emergency Medical Treatment

## Emergency Medical Care Release

As the consumer, authorized representative or conservator, I hereby give consent to Unyeway, Inc. to provide all emergency medical or dental care Prescribed by a duly licensed physician (m.d.) osteopath (d.o.) or dentist (d.d.s.) for \_\_\_\_\_ . This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the individual named above.

\_\_\_\_\_  
Consumer/Authorized Representative/Conservator signature  
(circle appropriate title)

Print Name \_\_\_\_\_

Address \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Consumer has the following medication allergies: