



## EMERGENCY CONSENTS

### EMERGENCY CARE

I give permission to the Facility to obtain for any medical care necessary in case of medical emergency. I understand this may include calling EMS via 911.

### MEDICAL INFORMATION

I also give permission to the Facility to provide, obtain, review and hold any medical information and records relating to the Resident's medical and physical condition and medical care received by the Resident. When necessary these records may be released to emergency health care providers or other healthcare professionals or agencies.

Resident's Name \_\_\_\_\_ DOB \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Responsible Party Sign: \_\_\_\_\_ Date: \_\_\_\_\_