ACCESS ADVENTURE, INC.
3521 Grizzly Island Rd., Suisun City, CA 94585

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical treatment is required due to illness or injury while receiving services or on the property of the agency, I authorize Access Adventure to:

1) Secure and retain medical treatment and transportation if needed.
2) Release client records (if available) upon request to the authorized individual or agency involved in the medical emergency treatment.

Name: _____ Phone: _____

Address: _____

In event of an emergency, contact:

Name: _____ Relationship: _____Phone: _____

Name: _____ Relationship: _____Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance: _____ Policy #:_____

CONSENT PLAN: This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Date of Consent: _____ Signature: _____
(PARTICIPANT, PARENT, GUARDIAN)
Print Name_____ Phone: _____ _____

Address:_____

NON-CONSENT PLAN: I do not give my consent for emergency medical treatment/aid in the case of illness or injury while receiving services or on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date of Consent: _____ Signature:_____
(PARTICIPANT, PARENT, GUARDIAN)
Print Name: _____ Phone: _____