

## IDENTIFICATION AND EMERGENCY INFORMATION

**PHYSICIAN TO BE CALLED IN EMERGENCY:**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

If physician cannot be reached, what action should be taken?

Emergency Room \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATION OR LEGAL GUARDIAN OF

\_\_\_\_\_, I HEREBY GIVE CONSENT

TO **HIERS GOJU RYU** TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL

CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OR DENTIST

(D.D.S.) FOR MY CHILD/DEPENDANT. THIS CARE MAY BE GIVEN UNDER

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB

AND/OR WELL BEING OF MY CHILD/ DEPENDANT.

DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_