



**Emergency Consent Form.**

Client's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Cell No: \_\_\_\_\_ Other No: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

**A. Emergency Medical Treatment**

I understand that a situation might arise in which \_\_\_\_\_ will  
(Name of Client)

Require medical treatment on an emergency basis in order to prevent or reduce the risk of personal harm. I authorize **Inspiring NJ LLC** to contact 911 in case of an emergency. I also give this consent with the understanding that **Inspiring NJ LLC** will make a diligent effort to contact me when the need for such treatment arises. I will be liable for the cost of this care in my capacity as a parent or guardian.

**Inspiring NJ LLC** will provide my name; address and telephone number to the health care provider so that the provider can attempt to contact me.

**B. Liability**

I agree that **Inspiring NJ LLC** shall not be liable to me or \_\_\_\_\_  
(Name of Client)

For any harm or injury that may incur in **the course of such treatments.**

Date: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_