

Emergency Medical Care Consent

Name: _____ Phone: _____

1. I hereby give my consent and authorize _____, First Aid Responder, or any other available First Aid Responder, who is trained in first aid or CPR by a nationally recognized training provider, to administer first aid or CPR care to me when appropriate in an urgent or emergency situation.

2. The First Aid Responder is authorized to arrange for Emergency Medical Services (EMS) transportation for me to a local medical care facility when appropriate. If EMS transportation is not required or readily available, the First Aid Responder is authorized to arrange and assist with transporting me by commercial or private vehicle to a local first aid station, emergency shelter, or medical care facility.

3. I release the First Aid Responder and any commercial or private vehicle driver rendering assistance from any liability for any consequences of exercising this authority if the responder and driver act in good faith with my best interests in mind. This release survives the expiration or termination of this written consent.

4. I authorize the First Aid Responder to contact the following person, as my emergency contact, to report my current condition and to receive any information about my personal care physician, medical history, condition, allergies, medications, or advance directives that may be useful or related to first aid, emergency medical care, or transportation.

Emergency Contact: _____ Phone: _____

5. This consent form expires on _____, 202____ unless terminated sooner in writing. [If not dated, expires 10 days after the signing date.]

_____, 202____
Signature Date