



MEDICAL EMERGENCY CONSENT

Medical treatments may be given to my child at any time due to accident, illness or other emergency or injury. Such action will be taken and medical treatment administered as deemed necessary by Under the Umbrella Tree, or its employees.

I hereby release Under the Umbrella Tree Educational Services, its employees and agents from any claims or liability with respect to the same. I give the UTUT such authorization that permits any person or hospital to provide such treatment to my child as may be advisable in the circumstances, and this shall be sufficient authority for doing so. The staff at Under the Umbrella Tree Educational Services and/or the physician selected by it, may arrange for transportation of my child to the Emergency Department of the nearest hospital

Physician's Name: _____

Physician's Phone number: _____

Physician's Address: _____

Child's health card # _____

Allergies _____

Other medical issues or conditions: _____
