

## Christmas City of the North Parade

*This form must accompany the **participant** during the Christmas City of the North Parade*

### PERMIT FOR EMERGENCY TREATMENT

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Medication Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Past Medical History (surgical, hospitalization, serious or chronic illness)

\_\_\_\_\_

\_\_\_\_\_

Is the person on medication? (Continuous/Intermittent)

\_\_\_\_\_

\_\_\_\_\_

Last Tetanus Immunization Date \_\_\_\_\_

Primary Physician/Health Plan \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

I hereby request and permit the Emergency Room Physician, and any other physician the Doctor may wish to designate and their hospital personnel, to render to the above named patient any medical and/or surgical treatment he/she may require in my absence. I understand that any expenses incurred (ambulance, ER, surgical, etc.) with this treatment are the responsibility of the undersigned.

**Christmas City of the North Parade**

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Daytime \_\_\_\_\_ Evening \_\_\_\_\_