



## Consent for Medical and/or Emergency Treatment

I, \_\_\_\_\_, the parent or legal guardian of, \_\_\_\_\_,  
Parent or Guardian's Full Name Dependant's Full Name

hereby voluntarily give consent to the FOOTWORK LAB staff and its directors, officers, officials,  
Name of Organization  
agents, employees, volunteers, other participants, and if applicable, owners and lessors of premises, to  
arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health  
of my dependent. In the event that my dependent is injured or ill while under the care of the caregiver, I  
hereby give permission to the caregiver to provide first aid for said dependent and to take the appropriate  
measures, including contacting the Emergency Medical Service (EMS) system and arranging for  
transportation to the nearest emergency medical facility.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment  
on the condition of my dependent and that I am responsible for all reasonable charges in connection with  
the care and treatment rendered to my dependent during this period.

ADDITIONALLY, the staff, directors, officers, agents, employees, volunteers, other participants, and if  
applicable, owners and lessors of premises, of FOOTWORK LAB, here by agrees to contact the above  
Name of Organization  
mentioned parent or guardian, or the listed emergency contact(s) if an emergency requiring medical and/or  
dental care occurs during any period of time the aforementioned dependant is under the guidance of the  
above mentioned organization.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
**Footwork Lab Representative**

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(Date)