



## Consent for Emergency Medical treatment and Transportation

I, (Guardian) \_\_\_\_\_, authorize Northeast Arc staff to grant consent for emergency medical treatment and provide transportation to:  
(Program Participant Name) \_\_\_\_\_.

**Emergency Medical:**

I understand that Northeast Arc staff will exercise prudent judgment with regard to the opinions and advice of the medical personnel rendering treatment. Therefore, I shall not hold Northeast Arc or any member of its staff and/or Board of Directors accountable for any treatment rendered by a qualified medical provider. I understand that every effort will be made by Northeast Arc staff to contact the legal guardian.

Preferred Medical Hospital: \_\_\_\_\_ (City/Town) \_\_\_\_\_

\*\*I understand that while every effort will be made to accommodate these identified sites this can not be guaranteed by any Northeast Arc staff or the emergency personnel providing transportation.

**Transportation:**

Consent is approved for: (Program Participant Name) \_\_\_\_\_ to be transported by Northeast Arc staff either in staff's personally owned vehicle or a Northeast owned vehicle.

I understand that I have the right to withhold my consent at any time without threat of punishment. This consent expires as noted below.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Program Participant

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Northeast Arc

**This consent expires on** \_\_\_\_\_



## Consent for Emergency Medical treatment and Transportation

I authorize Northeast Arc staff to grant consent for emergency medical treatment and provide transportation to:  
(Name)\_\_\_\_\_.

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### Transportation:

Consent is approved for: (Name)\_\_\_\_\_ to be transported by Northeast Arc staff either in staff's personally owned vehicle or a Northeast owned vehicle.

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Signature\_\_\_\_\_ Date \_\_\_\_\_  
Program Participant

Signature\_\_\_\_\_ Date \_\_\_\_\_  
Northeast Arc

**This consent expires on** \_\_\_\_\_