HIGHER GROUND HEALING

- 23776 Cody Park Rd, Golden CO 80401, Phone (720) 266-8265 ,Fax (999)-999-9999, info@highergroundhealing.org

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name: _____ DOB: _____
Phone:_____
Address:_____
Physician's Name: _____
Health Insurance Co: _____ Policy #: _____
Allergies to
Medications:_____
Current Medications:
_____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of Higher Ground Healing, I authorize Higher Ground Healing to:
1. Secure and retain medical treatment and transportation if needed; and

2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan
This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: _____ Date: _____
Client (or Parent / Legal Guardian, if client is a minor)

Non-Consent Plan
I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Higher Ground Healing. In the event emergency treatment/aid is required, I wish the following procedures to take place:
_____
_____
_____

Non-Consent Signature: _____ Date: _____
Client (or Parent / Legal Guardian, if client is a minor)