

KONOCTI CHALLENGE

October 4, 2008

CONSENT FOR EMERGENCY MEDICAL TREATMENT

This form authorizes the Lakeport Rotary Club and/or Sutter Lakeside Wellness Center staff, or assigned agents to obtain and administer first aid and/or consent to medical, surgical, dental, and related treatment authorized under Section 25.8 of the California Civil Code as might be required for the immediate care of:

_____ in the event of an emergency. Date of Birth: _____
(Print Child's Name)

_____ Allergies: _____
(Name of Family Physician/Clinic)

(Health Plan Name)

I.D. Number

(Signature of Parent/Custodian)

Date

Each Child Must Wear a Helmet