



Raintree Village  
3757 Johnston Road  
Valdosta, GA 31601

Phone: 229-559-5944  
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[www.raintreevillage.org](http://www.raintreevillage.org)

### MEDICAL EMERGENCY CONSENT FORM

As the legal guardian or as one of the parents of the following child:

\_\_\_\_\_

I hereby give my consent for the representatives of Raintree Village, including the Executive Director, the Programs Director, the Case Worker, and/or Child Care Supervisors to provide medical and emergency care for said child as deemed appropriate by their judgments.

Further, I want to alert them to the following special medical/health conditions of the said child that may require special attention. (If there are no special health conditions, please write "NONE" in the space below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_