



DECATS 2009

CONSENT FOR MEDICAL TREATMENT AND TRANSPORTATION

In the event of an accident, emergency, or sudden illness to my child, I hereby authorize a representative of DECATS to seek medical attention and treatment for my child. I also give permission for a representative of DECATS to transport my child to a doctor or hospital in the event of an accident, emergency, or sudden illness. All representatives of DECATS will be released of any liability that might be incurred in the transportation and / or treatment of my child.