



ALBERTA PROFESSIONAL SERVICES, INC.

AUTHORIZATION TO OBTAIN ROUTINE & EMERGENCY MEDICAL CARE

Client Name: _____

Record No: _____ Medicaid #: _____

Routine Medical Care:

I give my consent for Alberta Professional Service’s personnel to seek routine medical care on behalf of the above named client. I reserve the right to withdraw consent at any time. In addition, I reserve the right to refuse, at any time, any services offered.

Emergency Medical Care:

In case of sudden illness/accident/emergency, I hereby give consent to Alberta Professional Service’s personnel to seek emergency treatment for the above named client and transport them for the purpose of such care. I will not hold Alberta Professional Services accountable for these expenses. It is understood that a qualified medical professional, physician, and/or hospital emergency room personnel will provide this medical treatment. In addition, a copy of current medications and known medical conditions and allergies may be released. Efforts will be made to contact a person named below prior to treatment, should this be possible.

Transporting: It is understood and agreed that the personnel of Alberta Professional Services will be held harmless in the case of accident or injury to the client while participating in supervised program activities, and while being transported to and from field trips, community activities and medical/treatment appointments

In a medical or health emergency, I authorize the agency personnel to administer first aid and contact:

Name Address Phone Relationship

Name Address Phone Relationship

Name Address Phone Relationship

My hospital, physician, and dentist preference is as follows for routine medical care and emergency care as feasible.

Name Address Phone Relationship

Name Address Phone Relationship

Name Address Phone Relationship

Signed: _____
Client Parent Other Legally Responsible Person Date

Agency Representative: _____ Date: _____

This forms meets these standards
Authority: 10A NCAC 27G .0206(a)(5)(6); CARF 2013 BH.2.G.4