

## MEDICAL CONSENT FORM-Routine and Emergency

I, \_\_\_\_\_ am an individual supported by Chariton Valley Association. I or my guardian hereby authorizes the Chariton Valley Association to assist me in obtaining all routine care on an on-going basis and authorizes Chariton Valley Association to consent to basic, non-life threatening treatment on an emergency basis and/or any necessary medical transportation to obtain such services.

Specifically, I and/or my guardian do hereby consent to any non-life threatening diagnostic tests being performed, to include but not limited to the following: x-rays and other types of radiology, drawing of blood for the purposes of conducting blood tests, and for such injections and IV medications to be administered as may be necessary to conduct a physical examination to determine my physical condition on a routine or an emergency basis. Additionally, I recognize that this authorization allows treatment by my primary care provider or a referred specialist, at the nearest urgent care clinic, hospital and/or emergency room which would likely be Northeast Regional Medical Center in Kirksville, MO unless I am traveling with my staff outside of the area at the time of incident.

It is my specific desire that this consent be considered durable as defined by Missouri Statutes with regard to powers of attorney. In the event I am unconscious, unable for physical reasons to understand such testing procedures, or my guardian is unable to be contacted, I specifically authorize said actions to take place.

Furthermore, I hereby appoint, for medical purposes, Chariton Valley Association to act as my attorney-in-fact for purposes of authorizing medical procedures as may be necessary, specifically medical examinations and tests which may be required in order to determine my physical condition if I am unconscious, unable for physical reasons to understand such testing procedures, or my guardian is unable to be contacted.

\_\_\_\_\_  
Individual name signed by parent/guardian

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, known to me to be the person (s) whose name (s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_