



## ROYAL PALM ADULT DAY CARE CENTER

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

#### Participant Information

Participant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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#### Emergency Authorization

I hereby authorize Royal Palm Adult Day Care Center, Inc., its staff, agents, or designees, to obtain emergency medical care and transportation for the participant named above in the event of an illness, injury, or medical emergency when immediate treatment is deemed necessary and I cannot be reached.

This authorization includes consent for emergency evaluation, treatment, and transportation by licensed medical providers and emergency medical services. I understand that Royal Palm Adult Day Care Center, Inc. does **not** provide medical treatment and that all medical decisions will be made by licensed health care professionals.

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#### Emergency Contact Information

Primary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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#### Hospital Preference (if applicable)

Preferred Hospital: \_\_\_\_\_

**Advance Directives (if applicable)**

- Do Not Resuscitate (DNR)
  - Advance Directive
  - No advance directives provided
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**Acknowledgment**

I understand that every reasonable effort will be made to contact me or the responsible party listed above prior to obtaining emergency medical treatment; however, this authorization allows the Facility to act in the best interest of the participant when immediate action is required.

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**Signature**

Participant / Legal Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Participant (if applicable): \_\_\_\_\_