

CONSENT FOR URGENT MEDICAL TREATMENT OF MINOR

PURSUANT TO SECTIONS 431.061-431.063,R,S. MO., THE UNDERSIGNED BEING THE PARENT(S) OF _____ DO HEREBY EXPRESSLY AUTHORIZE SUSAN BAGINSKI AND/OR BASKIN FARM STAFF WHO ARE RESPONSIBLE FOR THE CARE AND CUSTODY OF OUR CHILD DURING OUR ABSENCE, TO CONSENT TO ANY AND ALL URGENT MEDICAL CARE AND TREATMENT FOR SAID CHILD AS SHE AND/OR HE DEEMS APPROPRIATE. THE UNDERSIGNED HEREBY EXPRESSLY AGREES TO PAY FOR ALL SUCH CARE AND TREATMENT INCURRED ON BEHALF OF OUR CHILD.

Father's Signature

Date

Mother's Signature

Date

The following information is to facilitate the completion of medical records and initiate insurance claims:

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip _____

List Medical Allergies: _____

Physician Name: _____

Address: _____

City, State, Zip: _____

Phone (____) _____

Father: _____

Mother: _____

Employer: _____

Bus. Phone (____) _____

(____) _____

Home Phone (____) _____

(____) _____

Cell Phone (____) _____

(____) _____

Insurance Plan Name _____

Address: _____

City, State, Zip _____

Phone (____) _____