



CONSENT FOR EMERGENCY MEDICAL TREATMENT

Consumer Name _____

In the event the consumer named above is injured or ill, I hereby give consent to Futures Explored staff to provide first aid for the consumer named above and to take the appropriate measures including contacting the Emergency Medical Services System (911) and arranging for transportation to the nearest emergency medical facility.

As the Consumer/Authorized Representative/Conservator, I hereby give consent to Futures Explored to authorize all emergency medical or dental care prescribed by a duly licensed Physician (M.D.), Osteopath (D.O), or Dentist (D.D.S) for the above named consumer. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the individual named above and will include any diagnostic or therapeutic procedure their judgment may dictate to be advised for the individual's well-being.

Consumer has the following medication allergies:

I have read and fully understand the provisions of the above release and agree to defend and hold harmless Futures Explored, Inc. for actions carried out to ensure the health and safety of the named individual.

Consumer Signature _____ Date _____

Authorized Rep/Conservator _____ Date _____

EMERGENCY AND NON-EMERGENCY TRANSPORTATION PRACTICES

All Futures Explored staff are trained in First Aid and CPR and as such are deemed first responders. In order to ensure the health and safety of all individuals served, the Futures Explored staff use the following guidelines in dealing with medical issues:

- 1) In the event that Futures Explored staff determines a consumer needs immediate medical treatment, the staff will call 911 and activate the Emergency Medical System. The staff will provide first aid until the paramedics arrive. The staff will provide information about the consumer to the paramedics including this emergency medical treatment form and any other pertinent information as requested by the paramedics. As soon as possible, the staff will notify the Program Director or other Staff in-Charge so they may contact the consumer's parent(s), guardian(s), conservator(s) or other responsible person to coordinate support for the individual at the hospital.
- 2) In the event that the Futures Explored staff determine that a consumer does not need immediate (non-life threatening injury or illness) the staff will contact the consumer's parent(s), guardian(s), conservator(s) or other responsible person to inform them of the situation and request that they come and pick-up the consumer from program and help them receive medical treatment as necessary.
- 3) In the event that the Futures Explored staff cannot contact the consumer's parent(s), guardian(s), conservator(s) or other responsible person to inform them of the situation and it is deemed appropriate for the individual to be seen by a medical professional, the Futures Explored staff will consult with the Program Director or other Staff-in-Charge and provide transportation to a medical professional, while the Program Director and/or the Staff-in-Charge continue to try and contact the consumer's responsible person and coordinate.