



## VILLAGE MEDICAL CONCENT AND AUTHORIZATION FORM

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I hereby request for medical assistance for **myself/son/daughter**

Name: \_\_\_\_\_ for

**Mother**     **Father**     **Legal Guardian**     **Son**     **Daughter**  
of \_\_\_\_\_ years of age.

I hereby voluntarily consent to the rendering of such care, including travelling, diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of Village Medical the hospital staff or their designees, as may in their professional judgment be necessary.

**I hereby acknowledge that no guarantees have been made to me as to the effect of such assistance, examinations or treatment on my/ child's condition.** I have read this form and certify that I understand its contents.

We/I hereby give our/my consent to Village Medical International and hospital staffs who will be assisting/caring for me/ my child

(Name) \_\_\_\_\_

for the period allowed to arrange for routine or emergency medical care and treatment necessary to preserve my/child's health.

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian (please print)*

\_\_\_\_\_  
*Address Parent or Guardian*

\_\_\_\_\_  
*Home and Work Phones of Parent or Guardian*

\_\_\_\_\_  
*Witness*