

POSITIVE CHOICES COUNSELING SERVICES, INC
EMERGENT CARE CONSENT

As a consumer, parent, or legal guardian of a consumer, I _____
hereby authorize Positive Choices Counseling to obtain emergency medical care for me/my child/the
consumer if the need arises.

Every attempt will be made to contact the consumer's parent/guardian/relative before obtaining
emergency medical care unless life threatening.

Consumer's Name

Signature of Consumer/Parent or Legal Guardian

Date

Positive Choices Services Representative (Witness)

Date