

# Creative Living, Inc.

Shawsheen Post Office, P.O. Box #3177, Andover, MA 01810  
368 So. Main Street, Andover, MA 01810, (978) 470-3165

## **SHORT TERM AND EMERGENCY MEDICAL CARE AUTHORIZATION FORM**

I (We), the undersigned, student, parent(s) or legal guardian(s) of \_\_\_\_\_ hereby grant Creative Living Inc. and its representatives permission to seek and authorize emergency medical services on behalf of my myself, my son/daughter/family member or ward, \_\_\_\_\_ in the unlikely event that I, he/she may require such treatment while in care of receiving services voluntarily from Creative Living, Inc. or its representatives as a Student at any program sponsored by said corporation.

I understand that all reasonable steps to locate, notify, and include me/us in the decision-making process to secure and authorize such medical services shall be made by Creative Living Inc. and its representatives PRIOR TO execution of medical consultations and treatment, and that this permission does not extend to regular, routine medical care, which is solely my/our province and responsibility.

This permission shall be granted immediately and shall remain in effect while \_\_\_\_\_ is in the temporary care of or receiving services voluntarily from Creative Living Inc., the corporation, or its representatives as a Student attending programs sponsored by Creative Living, Inc.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signatory's Relation to Program Guest (check all that apply)

- \_\_\_\_\_ Legal Guardian or Co-Guardian
- \_\_\_\_\_ Parent
- \_\_\_\_\_ Family Member

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

Name of Program Student \_\_\_\_\_

Date of Birth of Program Student \_\_\_\_\_

Important Medical Information to Know About Program Student:

