



52 Reads Way, New Castle, DE 19720 | 302-731-0301

Permission for Medical Services

I HEREBY GIVE PERMISSION TO Forward Journey staff to secure all routine medical services or emergency first aid treatment for _____ . (Person served)

I understand that Forward Journey will make every reasonable effort to contact me whenever a condition arises that requires other than routine medical services. However in the event that an emergency exists and I cannot be reached within a reasonable time, I hereby give permission to Forward Journey to secure any and all medical services to address the medical emergency.

Name of Person Signing (Please print)

Relationship to Person Served (Please print)

Signature

Date