



Permission for Medical Services

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

I understand that Forward Journey will make every reasonable effort to contact me whenever a situation arises, regardless of medical intervention needed. However, in the event that an emergency exists, I hereby give permission to Forward Journey nursing staff or managers to secure any and all medical services necessary to address the medical emergency.

Name of Person Signing (Please print)

Relationship to Person Served (Please print)

Signature

Date