

Emergency Medical Procedure Consent Form

Patient Name: _____

Date of Birth: _____

Date of Procedure: _____

Procedure Details

Type of Procedure: _____

Description of Procedure: _____

Consent Statement

I, the undersigned, hereby consent to the performance of the above-referenced procedure by Dr. _____ and team. I understand that this procedure is necessary due to the emergency circumstances.

Acknowledgment of Risks

I acknowledge that the nature of the procedure has been explained to me, including the risks involved, potential benefits, and possible alternatives.

Patient Agreement

I consent to the administration of anesthesia that may be deemed necessary during the procedure.

Signature of Patient/Guardian: _____

Date: _____

Witness

Name of Witness: _____

Signature of Witness: _____

Date: _____