CONSENT FOR MEDICAL CARE AND TRANSPORTATION IN THE AEROMEDICAL EVACUATION SYSTEM

I, the undersigned, am the parent/legal guardian of _____
(Last, First, Middle Initial)

who is now under the care of a Uniformed Services physician. I understand that my child/ward will travel in the military aeromedical evacuation system to receive care at other medical facilities *(military or civilian)* and to return home to me. I realize that my child/ward may unexpectedly incur some other illness or sustain an injury either during this travel or while at the medical facilities, but that no list of possible illnesses or injuries is possible here.

Because I am unable to accompany my child/ward, I authorize and give my consent to all attending medical personnel within the system and facilities referred to above, to treat and care for my child/ward for any illness or injury that should occur during my absence, including all reasonable care needed for that condition or complication of it.

This authorization covers any emergency condition that involves the life or death of my child/ward, as well as any non-emergency condition *(such as cold or superficial cut)*. If my child/ward resists medical attention/instructions, I give my consent to all medical personnel to use any reasonable discipline that a licensed physician considers necessary.

I also give my permission to place my child/ward on any Department of Defense-owned or controlled aircraft or other vehicle so that he/she can be transported to or from a medical facility.

This consent is to last during my period of absence, and I can withdraw this consent at any time.

TYPED NAME OF PARENT/GUARDIAN *(Last, First, Middle Initial)*	PHONE	
	HOME *(Include Area Code)*	DUTY *(Include Area Code)*
SIGNATURE OF PARENT/GUARDIAN	DATE OF SIGNATURE *(YYMMDD)*	
TYPED NAME OF WITNESS *(Last, First, Middle Initial)*	ADDRESS OF WITNESS *(Mailing or Street)*	
SIGNATURE OF WITNESS	DATE OF SIGNATURE *(YYMMDD)*	

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