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### Emergency Medical Authorization

I, .....parent/guardian of....., date of birth being ..... do hereby give permission to Autism180 LLC, to secure and authorize such emergency medical care and/or treatment as above-named child might require while under the supervision of Autism180 LLC. I further authorize Autism180 LLC to administer emergency care/treatment as required, until medical assistance is available. I also agree to pay all costs and fees contingent on any emergency medical care and/or treatment for said child as secured or authorized under this consent.

Any known medical conditions of child:

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NOTE: Every effort will be made to notify parents immediately in case of emergency.

Parent/Guardian Signature:

Parent/Guardian Signature:

