**CONSENT FOR TREATMENT AND EMERGENCY TREATMENT RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize Sunrise Adult Activity & Health Center, LLC employees, emergency medical personal, and the hospital, to perform emergency first aid treatment as needed for me to be stabilized in case I am not able to authorize such treatment at the time of an emergency accident or illness.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Client/Guardian Date