**Parental approval medical treatment**

To whom it may concern,

Hereby we, *<naam vader>* and *<naam moeder>,* affirm that we are the parents of *<naam zoon/dochter>,* born *<maand en dag en jaar>.*

We hereby authorize *<naam gastheer>* and or *<naam gastvrouw>* to seek any medical or surgical treatment, including emergency transportation, for *<naam zoon/dochter>* in case of any medical or surgical need in respect of the care of our *son/daughter*. We further give permission to an emergency department and/or hospital to thereupon treat our *son/daughter*, *<naam zoon/dochter>*, in this instance.

We understand that effort will be made to contact one of us, whenever possible, but such

treatment will nevertheless be provided in the event a Medical Doctor (or his designee)

believes that any delay might jeopardize the health of our *son/daughter*.

*<naam gastheer>* and or *<naam gastvrouw>* are hereby authorized to incur medical costs necessary to provide medical treatment for *<naam zoon/dochter>*, for which we shall be fully responsible.

We also authorize the medical facility to release any and all information required to complete insurance claims.

*<naam vader>* *<naam moeder>*

*<datum van ondertekening> <datum van ondertekening>*