Professional workplace medical consent

Subject: Employee Medical Emergency Authorization - [Employee Name]

Dear [Company Name] Management and Human Resources,

I, [Employee Name], provide this authorization for medical treatment to be administered in case of workplace medical emergency when I am unable to provide consent myself.

In the event of a medical emergency during work hours or company-sponsored activities, I authorize:

- Company first aid responders to provide immediate care
- Emergency medical services to be contacted (911)
- Transportation to the nearest appropriate medical facility
- Medical professionals to provide necessary emergency treatment
- Company representatives to accompany me to medical facility if needed

CRITICAL MEDICAL INFORMATION:

- Emergency contact: [Name] at [Phone] - [Relationship]
- Physician: Dr. [Name] at [Phone]
- Medical conditions: [List chronic conditions, disabilities]
- Current medications: [List prescription medications]
- Allergies: [List all known allergies]
- Insurance: [Carrier name and policy number]
- Preferred hospital: [Hospital name and address]

I understand that my employer and coworkers are not medical professionals but may need to provide basic information to emergency responders. I consent to sharing of necessary medical information in emergency situations.

This authorization remains in effect during my employment unless revoked in writing.

Employee Signature: [Signature]

Printed Name: [Name]

Date: [Date]

Employee ID: [ID Number]

Witness: [Supervisor signature]

Date: [Date]

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