

**AUTHORIZATION TO ACT IN AN EMERGENCY**

Name:

Date of birth:

This authorization to act in a medical emergency will be in effect when the person’s legal representative, if any, cannot be reached or is delayed in arriving during a medical emergency situation.

I authorize the company who manages my services to obtain all or part of the emergency medical services as I have checked here:

Immunizations – COVID 19

Please describe any limitations to the authorizations checked: This Authorization pertains to the COVID-19 Vaccination only and does not void other “Authorizations to Act in an Emergency”. This consent does not Guarantee a timely Vaccination but does add you to JEC Miller, Inc. list of individuals consenting a Vaccination as it is available.

I understand that I may revoke these authorizations at any time.    Yes                      No

\_\_\_\_\_  
Person served and/or legal representative

\_\_\_\_\_  
Date