

Authorization for Consent to Medical Treatment of Minor Child

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed **EMERGENCY CONSENT FORM** with your baby-sitter, day care center or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital.

I/we hereby authorize _____ to give consent for all medical and/or surgical treatment that may be required for our child during our absence.

Child's Full Name _____

Date of birth _____

Child's Physician: _____

Child's Allergies _____

Medications child is taking: _____

Important medical history _____

Date of last Tetanus Immunization _____

Home address of parent/guardian: _____

Parent/guardian Telephone # : _____ Cell # _____

Emergency contact (*other than parent/guardian*): _____

Telephone: _____ Cell: _____

Primary Medical Insurance Carrier _____

Member's Name _____

ID# _____ Group # _____

Signature of parent/guardian(s) _____

Date signed _____

Signature of adult witness _____