

Consent for Medical Treatment for A Minor During Parent(s) / Legal Guardian(s) Absence:

The Consent for Medical Treatment for A Minor During Parent(s) / Legal Guardian(s) Absence should be printed, completed, and signed by a parent/legal guardian. This form is authorization by the parent/legal guardian for Jane Phillips Medical Center to provide health services to the minor in the absence of a parent/legal guardian. This form should be left with the temporary caregiver of your child. The temporary caregiver will be required to present this form at the time medical care is received. For example, if your child is visiting Grandmother and Grandfather, you will want to print, complete, and sign this form and leave with them.. This will enable them to seek medical care for your child in the event it is necessary. You may also want to leave this form with your babysitter, your child's day care facility or the counselor at your child's summer camp.

Consent for Medical Treatment for A Minor

During Parent(s) / Legal Guardian(s) Absence

TO WHOM IT MAY CONCERN:

In the event that my child/children (listed below)

1. _____
2. _____
3. _____

is brought to the Emergency Room by [name of person that can bring my child/children on my behalf] _____ in need of medical treatment during my absence from (date): _____ to (date): _____ (no longer than 12 month period); I give the ER physician or my family Dr. _____ (or physician covering for him/her) my consent to treat my child/children, as he/she deems necessary.

Child/Children’s Date of Birth: (List in same order as above)

1. _____
2. _____
3. _____

Child/Children’s Allergies: (List in same order as above)

1. _____
2. _____
3. _____

Child/Children’s Known Illness(es), Surgeries, or Disease(s): (List in same order as above)

1. _____
2. _____
3. _____

Child/Children’s Current Medication(s): (List in same order as above)

1. _____
2. _____
3. _____

In my absence I may be reached at: (_____) _____ - _____.

Signature of Parent or Legal Guardian

Relationship to Child/Children

Date

State of: _____

County of: _____

Subscribed and sworn to before me, a Notary Public on this _____ day of _____, 200____.

(SEAL)

Notary Public

Commission Number

Commission Expires