

Children's Emergency Consent Form

If your child needs emergency care and you are not available to give formal consent, care could be delayed. To prevent delayed care, leave a completed copy of this form with your baby sitter, day care center or temporary guardian. In case 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/children during our absence from (date) _____ until (date) _____.

Child's Full Name	Date of Birth	Chronic Illnesses	Allergies	Current Medications	Date of Last Tetanus
1.					
2.					
3.					

Physician: _____ Telephone: _____

Home address of parent/guardian: _____

Telephone number of parent/guardian: _____ Cell: _____

Employer: _____ Telephone: _____

Health insurance co.: _____ Member No.: _____ Group No.: _____

Policy holder name: _____ Policy holder date of birth: _____

If possible, please attach a copy of your child's insurance card and the policy holder's license or ID to this form.

Emergency contact (other than parent/guardian): _____

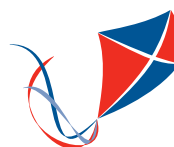
Telephone: _____ Cell: _____

Signed (parent/guardian): _____ Date: _____

In an emergency, call 911 • Oregon Poison Center 1-800-222-1222

Remember: Legacy Health has expert emergency rooms just for kids at Randall Children's Hospital in Portland and Legacy Salmon Creek Medical Center in Vancouver.

Should I take my child to the ER?
www.legacyhealth.org/ERdecision



RANDALL CHILDREN'S HOSPITAL
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