PARENTAL EMERGENCY MEDICAL CONSENT

This form must be presented upon admission for treatment.

Child's Full Name _____ Date of Birth _____

This form allows parents and guardians to authorize the provision of emergency treatment for above named child who becomes ill or injured while under program authority when parents or guardians cannot be reached. In the event reasonable attempts to contact me at _____ (phone number) or _____ (phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor _____ (physician) at _____ (phone number) or Doctor _____ (dentist) at _____ or in the event the designated practitioners are not available, then by another licensed physician or dentist, and the transfer of the child to _____ (preferred hospital).

1. Parents/Guardians/Custodians with Whom the Child Resides:

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

2. Person to Contact in Case of Emergency if Parents are Unavailable, and are Authorized to Pick Up Child:

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

3. Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

Name _____
Name _____

4. Provider Information

Physician Name _____ Dentist Name _____
Street Address _____ Street Address _____
City, State _____ City, State _____
Phone # _____ Phone # _____

_____
Date of Last Tetanus Known Allergies

_____
Present Medications

_____
Insurance Company Policy Holder's I.D.

This consent will be in effect beginning (date) _____ and be annually updated by the parent/legal guardian.

_____
Signature of Parent/Guardian Date Signature of Parent/Guardian Date

Update: _____ Date: _____ Update: _____ Date: _____
Update: _____ Date: _____ Update: _____ Date: _____