



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 _____ (physician) at _____ (phone number) or _____ (dentist) at _____ (phone number) 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).

Parents/Guardians 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 _____

Persons 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 _____

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 _____

Physician's Name _____ Dentist's Name _____
Street Address _____ Street Address _____
City, State, Zip _____ City, State, Zip _____
Phone # _____ Phone # _____
Date of Last Tetanus _____ Known Allergies _____
Present Medication _____
Insurance Company _____ Insurance # _____

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

Signature _____ Date _____

UPDATED _____ SIGNATURE _____
UPDATED _____ SIGNATURE _____
UPDATED _____ SIGNATURE _____
UPDATED _____ SIGNATURE _____
UPDATED _____ SIGNATURE _____