

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 #) or _____ (phone#) 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 _____ (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).

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. 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	_____

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. Information:

Physician name	_____	Dentist name	_____
Street address	_____	Street Address	_____
City, State	_____	City, State	_____
Phone #	_____	Phone #	_____

_____ Date of Last Tetanus _____ Known Allergies _____

_____ Present Medication _____

_____ Insurance Company _____ Policy Holder's I.D. _____

This consent **will be in effect for one year** beginning (date) _____.

Signature Parent/Guardian Date Signature Parent/Guardian Date