Child(ren) Emergency Consent Form

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed EMERGENCY CONSENT FORM with our baby-sitter, day care center or temporary guardian. In the event 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 out child(ren) during our absence from (date) _____ until (date) _____.

Child's Full Name	Date of Birth	Social Security Number (SSN)	Chronic Illness	Allergies	Current Medication	Date of Last Tetanus Immunization

Physician: _____ Phone: _____

Address: _____ Zip Code: _____

Phone: _____ Secondary: _____

Employer: _____ Phone: _____

Health Insurance: _____ Member Number: _____ Group #: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Emergency Contact (Other than Parent/Guardian): _____ Phone: _____

Emergency Contact (Other than Parent/Guardian): _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____