

## Authorization for Consent to Medical Treatment of Minor Child

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 your 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 our child during our absence.

Child's Full Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Medications child is taking: \_\_\_\_\_

Important medical history \_\_\_\_\_

Date of last Tetanus Immunization \_\_\_\_\_

Home address of parent/guardian: \_\_\_\_\_  
\_\_\_\_\_

Parent/guardian Telephone # : \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency contact (*other than parent/guardian*): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Medical Insurance Carrier \_\_\_\_\_

Member's Name \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_

**Signature of parent/guardian(s)** \_\_\_\_\_

**Date signed** \_\_\_\_\_

Signature of adult witness \_\_\_\_\_