CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

Health care providers often cannot treat or care for children without consent from parents or legal guardians. This can cause problems when parents or guardians cannot be reached by the provider to obtain consent in non-emergency situations, or when further treatment is indicated after an emergency has been stabilized. An advance authorization for the person(s) caring for your child can help in these situations. Such an authorization also can be useful in emergency situations, even though consent to treat is generally implied in emergency situations.

- ***Complete this form and leave it with the person who is responsible for your child in your absence.***
- ***In case of a need for medical treatment this form should be brought with the child to the hospital or provider.***

I, ______________________________ , the natural parent / legal guardian of ___________________________ authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I understand that consent to treat is generally implied in emergency situations, and I waive my right of informed consent to such treatment as well as to further treatment that the physician would deem advisable during the time I cannot be contacted.

______________________________ ____

Signature of parent / guardian Address City State Zip Code

____ / ____ / ____ (_____) ________________ ________________________ ________________________

Date Home Phone Witness Witness

Child's Information

Child's name ________________________________ Birthdate ____ / ____ / ____

Allergies (including drug reactions) ____

Chronic illnesses ____

Regular medications ____

Blood type________________ Date of last Tetanus Immunization ____ / ____ / ____

Other information ____

Child's physician ________________________________

Physician's phone number (_____) __________________

Mother's day-time phone (_____) __________________ Father's day-time phone (_____) __________________

Insurance coverage ______________________________

Group number ______________________________

Membership number ______________________________

Employer ______________________________