

Children's 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 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/children during our absence from (date) _____ until (date) _____.

Child's Full Name	Date of Birth	Social Security Number	Chronic Illnesses	Allergies	Current Medications	Date of Last Tetanus Immunization

Physician: _____ Telephone: _____

Home address of parent/guardian: _____

Telephone number of parent/guardian: _____ Cell: _____

Employer: _____ Telephone: _____

Health insurance co.: _____ Member no.: _____ Group no.: _____

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

Emergency contact (other than parent/guardian): _____

Telephone: _____ Cell: _____

Signed (parent/guardian): _____ Date: _____