

Emergency Consent Form

If you are unavailable, an Emergency Consent form allows you to provide consent for your child's emergency care. Protect your child by leaving this form with your babysitter, day care center or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital.

Child's name: _____ Child's date of birth: _____

Physician: _____ Physician's Telephone: _____

Address of parent/guardian: _____

Telephone number of parent/guardian: _____ Cell: _____

Employer: _____ Phone: _____

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

Policy holder name: _____ Policy holder date of birth: _____

Emergency contact (other than parent/guardian): _____

Telephone: _____ Cell: _____

Allergies to medicine: _____

Allergies to foods: _____

Current medications: _____

Current medical problems: _____

I, _____ give permission for the child listed above to receive medical treatment in the event of an emergency, accident, injury or sickness. I give authorization for treatment to all medical personnel, including licensed physicians, nurses, technicians, emergency responders, and other medical personnel. I also assume responsibility for the cost of treatment.

Signed (parent/guardian): _____ Date: _____

You can also download Doernbecher's free MD 4 KIDS mobile app, which provides decision-making support and health information for more than 80 topics. Enter your child's symptoms and determine what level of medical care is needed, when to call the doctor and how to provide relief for minor illnesses and injuries at home.

Visit www.ohsудоernbecher.com/md4kids.

