

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 child care provider or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital so that medical treatment can be rendered.

I/we hereby authorize Drop-In Day Care Inc., DBA Grandma's Place to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence from

_____ until _____.
 (today's date) (year from today's date)

Please fill in all spaces across grid:

Child's Name	Chronic Illnesses	Allergies: Food and Medications	Current Medications	Date of last Tetanus Immunization	Other

Physician: _____ Telephone: _____

Home address of parent/guardian: _____

Telephone numbers of parent/guardian: _____

Employer: _____ Telephone: _____

Health insurance Company: _____

Member number: _____ Group number: _____

Nearest relative: _____ Telephone: _____

Signed: Parent/guardian: _____ Date: _____