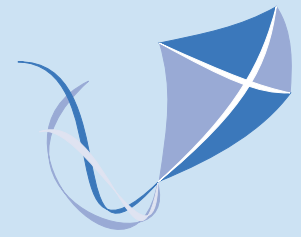


# Legacy Health System Children's Emergency Consent Form



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: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health insurance co.: \_\_\_\_\_ Member no.: \_\_\_\_\_ Group no.: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

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

Signed (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_