

Caregiver Consent for Emergency Medical Treatment

DATE

I, parent1_firstName parent1_middleName parent1_lastName parent1_suffix , legal parent/guardian(s) of child_firstName child_middleName child_lastName child_suffix, provide the attached medical, insurance, and emergency contact information. Additionally, if I cannot be reached and a delay in contacting me would jeopardize my child's health, my , caregiver_firstName caregiver_middleName caregiver_lastName caregiver_suffix is hereby authorized to provide first aid, to provide transportation to the nearest emergency medical facility, to contact emergency medical services for transport, and to make any necessary emergency medical care decisions for my child.

This consent serves as permission for treatment by any hospital, emergency room, or medical personnel, which is, in the opinion of a licensed medical professional, immediately necessary to protect the health of my. This consent also serves to authorize the release of all medical information necessary to assist my caregiver in his/her duties. If circumstances permit, I would like to have my child's normal healthcare providers consulted in connection with any treatment as soon as is possible. I agree to pay for all rescue, transport, and rescue services provided to my child in my absence.

There are no court orders in effect which prohibit this authorization. This document is effective effectiveDate_month effectiveDate_day, effectiveDate_year and expires on expirationDate_month expirationDate_day, expirationDate_year.

Signed: _____

parent1_firstName parent1_middleName parent1_lastName parent1_suffix

Home phone: parent1_homePhone

Work phone: parent1_workPhone

Cell Phone: parent1_cellPhone

Signed: _____

parent2_firstName parent2_middleName parent2_lastName parent2_suffix

Home phone: parent2_homePhone

Work phone: parent2_workPhone

Cell Phone: parent2_cellPhone

Witness Signature

Witness Signature

Child

Name: child_firstName child_middleName child_lastName child_suffix Date of Birth

: child_born_month child_born_day, child_born_year

Gender: child_gender Blood Type: child_bloodType Last Tetanus Shot: child_tetanusShotMonth child_tetanusShotDay, child_tetanusShotYear

Known Allergies and Medical Conditions: child_allergy_medicalCondition

Medications Currently Taken: child_medications

Healthcare Providers

Health Insurance Provider: healthInsurance_Carrier Group Number: healthInsurance_GroupNumber

Phone Number: healthInsurance_phone Policy Number: healthInsurance_policyNumber

Physician: physician_firstName physician_middleName physician_lastName physician_suffix
Phone Number: physician_phone

Dentist: dentist_FirstName: dentist_MiddleName dentist_lastName dentist_suffix Phone Number
: dentist_phone