

Early Childhood Emergency Medical Consent
(This form must be presented upon admission for treatment)

This form allows parents and guardians to authorize the provision of emergency treatment for _____ (child's name) who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact me at _____(phone number) or _____(phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor _____(physician) at _____(phone number) or Doctor _____(dentist) at _____ or, in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to _____(preferred hospital).

Parent/Guardians/Custodians with Whom the Child Resides:

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

Persons to Contact in Case of Emergency if Parents are Unavailable, and are authorized to Pick Up Child:

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in our care?

Information:

Physician Name _____ Dentist Name _____
Street Address _____ Street Address _____
City, State _____ City, State _____
Phone# _____ Phone# _____

Date of Last Tetanus _____ Known Allergies _____
Present Medication _____
Insurance Company _____ Policy Holder's I.D. _____

This consent will be in effect for one year beginning (date) _____.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____