



## Authorization for Consent to Medical Treatment of Minor Child

In the event of needed medical care when you are unable to be present with your child during an office visit, or for a medical emergency, this signed form will need to be on file at our office before your child / teen can be seen alone.

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 addition at our office. This form must be updated yearly.

I/we hereby authorize \_\_\_\_\_ to give consent for all medical and/or surgical treatment that may be required for our child \_\_\_\_\_ during our absence, or in the event of an emergency.

**Child's Full Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

Child's Physician or Medical Provider: \_\_\_\_\_

Office Phone number: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

Important medical history: \_\_\_\_\_

Immunizations are up-to-date: (circle one)    YES    NO

Home address of parent/guardian: \_\_\_\_\_

**Parent/guardian Cell #:** \_\_\_\_\_

Parent/guardian Email #: \_\_\_\_\_

Emergency contact (*other than parent/guardian*):

Name: \_\_\_\_\_ Mobile / Cell #: \_\_\_\_\_

**Health Insurance company:** \_\_\_\_\_

Subscriber / Member's Name \_\_\_\_\_

ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

**Signature of parent/guardian(s):**

\_\_\_\_\_

**Signature of parent/guardian(s):**

\_\_\_\_\_

Date signed: \_\_\_\_\_