

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 **Puddletown School**

to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence from (date) AUG. 1, 2021 until (date) SEPT. 1, 2022

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:	P	olicy Holder Date of Birth:	
Emergency contact (other than parent/guardian)	:	Telephone:	
Signed (parent/guardian):		Date:	

Legacy Health System, a nonprofit organization, includes Emanuel Hospital & Health Center, Emanuel Children's Hospital, Good Samaritan Hospital & Medical Center, Meridian Park Hospital, Mount Hood Medical Center, Salmon Creek Hospital, Legacy Clinics and CareMark/Managed HealthCare Northwest PPO. ©2005 EDS-4059

