

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, 2022** until (date) **SEP 30, 2023**.

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:

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

