

Legacy Health System

Children's Emergency Consent Form



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 2023** until (date) **Sept. 30 2024**.

| Child's Full Name | Date of Birth | Social Security Number | Chronic Illnesses | Allergies | Current Medications | Date of Last Tetanus Immunization |
|-------------------|---------------|------------------------|-------------------|-----------|---------------------|-----------------------------------|
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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: _____