



**2017 - 2018**  
**Consent for Emergency Treatment**

I give permission that in the event of an emergency my child \_\_\_\_\_  
may be treated by a qualified person or transported by ambulance or aid car to an  
emergency facility for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical and  
hospital care, treatment, and procedure to be preformed for my child by a licensed  
physician or hospital when deemed necessary or advisable to safeguard my child's health.

Child's physician \_\_\_\_\_ Preferred hospital \_\_\_\_\_

Physician's phone # \_\_\_\_\_ Hospital address \_\_\_\_\_

Hospital Phone # \_\_\_\_\_

Child's allergies to drugs or other substances \_\_\_\_\_

Child's dentist \_\_\_\_\_ Dentist's phone # \_\_\_\_\_

Dentist's address \_\_\_\_\_

Parent name \_\_\_\_\_ Day time phone # \_\_\_\_\_

Parent name \_\_\_\_\_ Day time phone # \_\_\_\_\_

Whom should we call in an emergency? List in order of who to try first:

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian signatures:

Parent \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_