

Medical Emergency Consent Form

I _____ (name of parent), give permission for
YOUR NAME HERE to provide all necessary emergency medical, dental or other
care

for _____ (name of child). This care may be given under
whatever conditions are necessary to preserve the life, limb or well being of my
dependant.

The provider is required to try to contact me, the other parent or legal guardian at
one of the below telephone numbers. At no time will the provider attempt to drive
the sick or injured child to an emergency medical facility.

A photocopy of my child's insurance information is attached.

Parent or Legal Guardian's Name _____

Telephone Numbers _____ (day)

Telephone Numbers _____ (evening)

Telephone Numbers _____ (Beeper or other)

Parent or Legal Guardian's Name _____

Telephone Numbers _____ (day)

Telephone Numbers _____ (evening)

Telephone Numbers _____ (Beeper or other)

Emergency contact (Friend or realative NOT living in the home)

Name _____

How do you know this person: _____

Telephone Numbers _____ (day)

Telephone Numbers _____ (evening)

Telephone Numbers _____ (Beeper or other)