

10:122-6.8 Parent and community participation  
 May be completed by parents to authorize emergency treatment

## PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

**CHILD'S NAME** \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

**PARENT(S) NAME** \_\_\_\_\_

Parent(s) Address \_\_\_\_\_

### CHILD'S MEDICAL INFORMATION

Medical

Problems \_\_\_\_\_

Allergies \_\_\_\_\_

Medicine(s) Child is Taking \_\_\_\_\_

Medicine(s) Child is Allergic to \_\_\_\_\_

Name of Child's Health Care Provider \_\_\_\_\_ Telephone \_\_\_\_\_

### CHILD'S INSURANCE

Company/HMO \_\_\_\_\_

Croup Number \_\_\_\_\_ Identification # \_\_\_\_\_

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's health care provider will be contacted
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's health care provider, we will do any or all of the following
  - (a) Call for emergency first aid assistance/transportation
  - (b) Call another health care provider
  - (c) Have the child transported to an emergency hospital in the company of a staff member

Parent Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_ Date Permission Terminated: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_