

PARENT INFORMATION

Dear Parent:

In order to speed up treatment and care of any injured child we are asking that you fill out this informational sheet for our use. In most emergency cases it is necessary to have parental or guardian permission before services can be rendered by the doctor and/or hospital. When the parent or guardian is not at the site of the event it is necessary to contact them. To help speed up this contact we are asking for your home and work phone numbers and phone number as well as the name and phone number of the nearest relative in case you cannot be reached.

Thank you for your cooperation in caring for your child's welfare.

Name of Child(ren)

Parent or Guardian's Name

Address (name of road)

Home Phone

Father's Work

Mother's Work

Name of Nearest Relative (Other than above)

Home Phone

Name of Nearest Relative (Other than above)

Home Phone

If your child needs medical, dental, health, or hospital services, you as a parent must give permission. It's the law. What about times when you cannot be reached for permission? A child may be without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your children might need when you are away from home. To do this, make sure babysitters how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors - anyone who is over 18 years of age - to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children.

After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person — physician, dentist or hospital representative.

Authorization for Medical Treatment of Minors
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Names of Minors & Social Security #	Birthdate	Identify allergies or special conditions

I/We, being the parent(s) or legal guardians of the above named minor(s), do hereby appoint:

Name	Address	Phone
Name	Address	Phone

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from:

Month	Day	Year	THROUGH	Month	Day	Year
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This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental surgical care or hospitalization may be required.

Parent/Guardian		Parent/Guardian	
Signature	Date	Signature	Date
Address		Address	
Witness		Witness	
Signature	Date	Signature	Date
Address		Address	

Hospitalization Coverage for the above named minor(s)

Insurance Company or Government Program	ID or Contract Number

Family Physicians

Name and Phone Number	Name and Phone Number