

CONSENT FOR TREATMENT OF A MINOR CHILD

In the event of a non-life threatening emergency at which time I (we) cannot be reached, I (we) _____

(Parents or legal guardian name)

residing at _____

(street and number address) (city) (state)

hereby entrust the care of _____, born _____

(minor's name) (month, day, year)

to _____ an adult, residing at

(name of person to care for child)

(street and number address) (city) (state)

to consent to necessary examinations, anesthetic, medical diagnosis, surgery or treatment and or hospital care as deemed necessary by a physician. I understand that this consent is valid until such time as revoked in writing or said minor is emancipated.

List of all allergies and any medical problems _____

Name and address of the child's physician _____

Insurance name policy number _____

(signature of parent or guardian) (date)

(signature of parent or guardian) (date)

(witness) (date)

(witness) (date)

Note this: Form should remain in the possession of the person with whom your child is entrusted and must be presented when child is brought to Emergency Room for treatment in a non-life threatening situation.