

# AUTHORIZATION FOR EMERGENCY TREATMENT

I, \_\_\_\_\_, hereby authorize any and all medical attention deemed necessary for my child, \_\_\_\_\_, in the event of an accident, injury, sickness, etc., under the direction of the bearer of this form, until such time as I may be contacted. This release is effective until revoked by me and I hereby assume the responsibility for payment of such treatment.

## MEDICAL INFORMATION:

Child's Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Child's Allergies (if any): \_\_\_\_\_

Date of Child's Last Tetanus Shot: \_\_\_\_\_

Medicines Child Is Taking: \_\_\_\_\_

Child's Outstanding Medical History (i.e., Diabetes, Heart Diseases, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSURANCE INFORMATION:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's Place of Employment: \_\_\_\_\_

## PARENT(S)/GUARDIAN INFORMATION:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (H): \_\_\_\_\_, Work (M): \_\_\_\_\_, Work (F): \_\_\_\_\_

## SIGNATURE(S) OF PARENT(S)/GUARDIAN

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

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