

Authorization

As the parent and/or guardian, I authorize medical treatment by a physician in the event of an emergency. This authorization is granted only after a reasonable effort has been made to reach me.

Child's name

Child's date of birth

Child's home address:

City

State

Signature (parent or legal guardian)

Date:

Relationship to child

Home phone

Cell phone:

Work phone

Parent's/guardian's home address same as child's

City

State

Insurance company

Policy/group #:

OR

Medicaid #

State

Emergency Treatment Authorization for Minors



Medical History

Child's provider: _____

Child's allergies: _____

Date of last tetanus: _____

Medications taken regularly
(include dosage information): _____

Chronic illness/medical problems/
prior hospitalization: _____

Additional information: _____

In the event you are not with your child when an emergency situation occurs, you should know that your child cannot receive treatment without your consent. When leaving your child in the care of others, a signed release form helps avoid unnecessary delay of treatment. Neither grandparents, neighbors, brothers nor sisters can authorize medical care for your child. **Your written consent is required before your child can receive emergency treatment. However, if a physician feels immediate care is necessary to prevent death or serious injury, your child will receive treatment.**

To ensure immediate medical attention for your child in your absence, complete the below information and leave it with your child's caregiver.

What should you do in a medical emergency?

- Dial 911 (if an ambulance is needed)
- Go immediately to MercyOne's emergency departments



Scan for MercyOne emergency department locations

