Authorization			
As the parent and/or guardian, I authorize medical treatment by a physician in the event of an emergency. authorization is granted only after a reasonable effort has been made to reach me.	tment by a physician in the as been made to reach me	event of an emergency. This	us 
Child's name:	Date of birth:		xei s
Child's home address:			JIC JIC
City:	State:	Zip:	hi
Signature (parent or legal guardian)		Date:	у <b>С</b> 3 с
Relationship to child:			С <b>у</b> .г. 2
Home phone:	Alternate phone:		ero Ita
Parent's home address:  Same as child's			<b>A</b> e spi
City:	State:	Zip:	А III но
Insurance Company:	Policy #/Group #:		<
OR			
Medicaid #:		State:	

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## **Authorization for Minors**



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 will help your child avoid an unnecessary delay of treatment. Neither grandparents, neighbors, brothers nor sisters can authorize medical care for your child. **Your written consent is required before your youngster can receive emergency** 

**treatment.** However, if a physician feels immediate care is necessary to prevent death or serious injury, treatment will begin.

To ensure immediate medical attention for your child in your absence, complete the information on the back of this brochure and leave it with your child's caregiver.

## What to do in a medical emergency:

1 Dial 911 if an ambulance is needed.

2 Call your family physician for emergency circumstances if time allows.

3 Go immediately to the Pediatric Emergency Department at Mercy Medical Center – Mercy Children's Hospital and Clinics or the closest hospital of your choice.



## **Medical history**

Child's physician:
Phone:
Date of last tetanus:
Child's allergies:
Medications taken regularly (include dosage information):
Chronic illness/medical problems/prior hospitalization:
Additional instructions: