MERCYONE℠

Emergency Treatment 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, this signed release form will help your child avoid unnecessary delay of treatment. (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 this information and leave it with your child's caregiver.

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: _____ Date of birth: _____

Child's home address: _____

City: _____ State: _____ Zip: _____

Signature (parent or legal guardian): _____ Date: _____

Signature of witness: _____ Date: _____

Relationship to child: _____

Home phone: _____ Alternate phone: _____

Parent's home address: _____

City: _____ State: _____ Zip: _____

Insurance company: _____ Policy #/Group #: _____

MEDICAL HISTORY:

Child's physician: _____

Phone: _____ Date of last tetanus: _____

Child's allergies: _____

Medications taken regularly and dosage: _____

Chronic illness/medical problems: _____

Additional information/instructions: _____

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