



NORTH COAST

*Spirit*

**EMERGENCY MEDICAL FORM**

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PURPOSE** - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured when parents or guardians cannot be reached.

**RESIDENTIAL PARENT OR GUARDIAN:**

MOTHER'S NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_

OTHER'S NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_

NAME OF RELATIVE OR CHILD CARE PROVIDER (in case above cannot be reached)  
\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

**PART I or II MUST BE COMPLETED**

**PART I - TO GRANT CONSENT:** I hereby give consent for the following medical care providers or local hospitals to be called:

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIALIST \_\_\_\_\_ PHONE \_\_\_\_\_

LOCAL HOSPITAL \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY ROOM PHONE \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted: (Use back if necessary)

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**PART II - REFUSAL TO CONSENT** - (Do not complete if Part I was completed)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the following action be taken: (Use back if necessary)

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_