

Medical Treatment Authorization and Consent

*Complete this consent form and keep it in this book.
Make a copy of both sides of your medical insurance card.
It will be required for treatment.*

The undersigned does hereby authorize

_____ or bearer, permission to consent to and authorize emergency medical treatment and hospital care for

(child's name) _____

I authorize the medical provider access to my child's *My Medical Assistant* which contains his/her medical information.

Date: _____

Signed: _____

Print Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Telephone No: _____

Work Telephone No: _____

Department: _____

Supervisor: _____

Child's Doctor: _____

Doctor's Telephone No: _____

Child's Date of Birth: _____

Known Allergies: _____

Known Medical Conditions: _____

Date of Last Tetanus Shot: _____

Medication Currently Taking: _____

