

AUTHORIZATION

FOR CONSENT TO MEDICAL TREATMENT OF MINORS

Providers not using the blue card can have parents/guardians complete this form.

NYS Day care regulations require that providers obtain written permission from each child's parent/guardian in the event emergency health care for children is required and parents/guardian can not be reached.

In the event the undersigned parent/guardian of _____
(Child's Name)

cannot be contacted through reasonable efforts, does hereby empower and grant to:

(Providers Name, address and phone)

the right to consent permission of any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment and/or Hospital Care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of New York, when the need for such treatment is immediate and when efforts to contact me (us) are unsuccessful.

This authorization shall be valid for the period of time commencing on

_____ and ending on _____
(Month/day/year) (Month/day/year)

(Signature of Parent/Guardian)

(Date)

Information:

Parent/Guardian can be located at the following address/phone number during daycare hours:

(Parent/Guardian, name, address and phone)

(Parent/Guardian, name, address and phone)

Any known allergies: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____