

# Emergency Consent Form

If you are unavailable, an Emergency Consent form allows you to provide consent for your child's emergency care. In the event of a medical emergency, the form should accompany your child to the hospital. This information will be kept in strict confidence with the Director of Building *In Youth*.

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address of parent/guardian: \_\_\_\_\_

Telephone number of parent/guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Health insurance co.: \_\_\_\_\_

Member No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Policy holder name: \_\_\_\_\_ Policy holder date of birth: \_\_\_\_\_

Emergency contact (other than parent/guardian): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Allergies to medicine: *Please specify* \_\_\_\_\_

Allergies to foods: *Please specify* \_\_\_\_\_

Current medications: \_\_\_\_\_

Current medical problems: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to receive medical treatment in the event of an emergency, accident, injury or sickness. I give authorization for treatment to all medical personnel, including licensed physicians, nurses, technicians, emergency responders, and other medical personnel. I also assume responsibility for the cost of treatment.

**Signed (parent/guardian):**

**Date:**

\_\_\_\_\_