

## ABSENT PARENT PERMIT FOR EMERGENCY MEDICAL/SURGICAL CARE

In the event that my child (listed below) may require medical and/or surgical care when I am unable to be reached, I hereby authorize evaluation, treatment, and anesthetics, as deemed necessary by the \_\_\_\_\_ Hospital, and attending physician for the following child:

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Present Medication: \_\_\_\_\_

Medical History: \_\_\_\_\_

Surgical History: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Medical Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Person(s) able to provide authorizing signature when parent(s) are unable to be reached:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

This form is provided for parent's convenience in their absense. Authorization is valid beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Authorizations must be renewed after one year from the date documented below:

Date of Permission Signature: \_\_\_\_\_.

Parent's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mom's Cell #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

**AUTHORIZATION IS TO BE LEFT WITH THE RESPONSIBLE ADULT AND PRESENTED TO THE HOSPITAL STAFF AT THE TIME EMERGENCY MEDICAL AND/OR SURGICAL CARE IS REQUIRED.**