



Emergency Medical Care Consent Form

I, _____, parent or legal guardian of _____, born the ___ day of _____, 20___ do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of The Clubhouse of Los Angeles, CA, and I am not reasonably available by telephone to give consent.

This authorization is effective from the ___ day of _____, 20___ to ___ day of _____, 20___

Signature of Parent or Legal Guardian

Date

It is our hope that there will never be a need to exercise this permission. In the event that a child needs immediate medical intervention, this form will be brought along to ensure that the medical treatment is administered in the most efficient way possible. We therefore ask you to fill out the rest of this form.

Family Address _____

Father's Cell: _____ Mother's Cell: _____

Allergies to drugs or foods:

Special Medications, Blood Type or Pertinent Information: _____

Pediatrician: _____ Phone: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____