

# Authorization for Medical Treatment and Transportation of a Child

*(For use when you are not traveling with your child)*

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Child's full name: \_\_\_\_\_

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

Home Telephone number: \_\_\_\_\_

Additional phone numbers: \_\_\_\_\_

Please complete the following information:

Date of last tetanus shot: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Chronic medical problems: \_\_\_\_\_

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

Child's doctor(s): \_\_\_\_\_

Current immunization status: \_\_\_\_\_

Name, address and phone numbers (including cell phones) of adult relative to be notified in case of an extreme emergency:

I, \_\_\_\_\_ hereby give my permission to \_\_\_\_\_  
(parent/guardian) (name of person in charge of child)

to obtain medical or surgical care for my child whose name is \_\_\_\_\_

and whose birth date is \_\_\_\_\_, should the need arise. It is understood that a conscientious effort will be made to locate me before action is taken. If this is not possible, treatment deemed necessary by the physician(s) may be taken.

I further consent to transportation of the above named child to the nearest or most appropriate medical facility.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness