

EMERGENCY MEDICAL CARE
(to be completed by parents)

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize _____ staff to take my child _____ to an Emergency Room, or to the following physician or his/her associates, for medical care.

Dr. _____

Hospital _____ Phone _____

Address _____

City _____ State _____ Zip _____

Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician.

Insurance Company _____

Policy Number _____

(Attach a photocopy of your insurance card.)

Date _____

State of _____ County of _____

This instrument was acknowledged before me on (date) _____

by _____

(Notary Seal)

(Signature of Notary Public)

This form is solely for illustrative purposes. Adapt to your specific needs.