

Medical Consent for ED Non-Parental Visit

Date _____

PARENTS/GUARDIANS

Mothers Name _____ Phone (____) _____

Home Address: _____
Street City State/Zip

Fathers Name: _____ Phone (____) _____

Home Address: _____
Street City State/Zip

Name (Other): _____ Phone (____) _____

Home Address: _____
Street City State/Zip

Name (Other): _____ Phone (____) _____

Home Address: _____
Street City State/Zip

We, the parents/guardians, hereby appoint:

Appointee Name _____ Phone (____) _____
Home Address: _____
Street City State/Zip

As the person who, during our absence from _____ shall be authorized to consent for all medical and/or surgical treatment and/or special procedures (included by way of illustration and not limited to, administration of anesthesia, blood transfusion, diagnosed test, etc.) which may be required during our absence. Without any manner limiting the foregoing appointment and authorization, if circumstances permit, I/we would like to have our doctor consulted in connection with such medical and/or surgical treatment and/or special procedures.

CHILD/CHILDREN

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Physician Name: _____ Phone (____) _____

Dentist Name: _____ Phone (____) _____

List of allergies and current medications, if any:

Child: _____ Allergy: _____ Child: _____ Allergy: _____

Allergy: _____ Allergy: _____

Pertinent Medical History: _____

Insurance Company: _____ Phone _____ Policy # _____

_____, its officers and personnel and any physician providing care are authorized by the above named to act as appointee with the same force and effects as if personally executed by us. The consent and authorization shall include and extend to all matters for which consent or authorization is required under the policies in considerations of the service which are rendered to any child above, pursuant hereto, we agree to pay for all services. This authorization shall be effective until

a) _____, b) _____
until revoked in writing (strike out inapplicable terms)

Parent: _____ Signature
Parent: _____ Signature

In the event that one parent executes the form, please state below why the signature of the other parent cannot be obtained.

