

Have you made sure your children can receive medical care, even if you aren't around?

To be sure that your children will receive prompt medical attention if you ever leave them with relatives or friends while you're out of town or with a baby sitter for the evening, use the enclosed consent to treat form.



Completely fill out the form and leave it with the person who will be responsible for your child. This form can be presented to medical personnel to make sure they receive prompt medical attention. One form should be filled out for each child and should be dated to cover the specific period of time you will be gone (**No longer than a 1 year time frame**).

Consent for Treatment of a Minor

I (we) the undersigned parent(s) or legal guardian(s) of _____ a minor, authorize treatment and/or any hospitalization that is necessary in the case of accident or illness of my (our) child by a licensed medical provider.

I (we) understand that this consent authorization is given in advance of any specific diagnosis or hospital care being required in order to provide authority for a licensed provider to render any and all diagnosis, treatment, or hospital care deemed advisable by the provider attending my (our) child in case of an accident or injury.

This consent form will remain in effect until _____ (date)

Father, Mother or Legal Guardian (signature)

Street address, City, State, Zip

Telephone Home _____

Business _____

Witness

Child's birth date

Date

Last Tetanus

Allergies to food or drugs

Special medications, food type, or pertinent information



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Form #568