

Martha & Mary Children's Services
CONSENT FOR EMERGENCY TREATMENT

I hereby give my permission that my child, _____ may be given emergency treatment by a qualified staff member of Martha & Mary Children's Services.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child be a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

Child's Physician: _____ Phone: _____

Physician's Address: _____

Dentist: _____ Dentist's Phone: _____

Dentist's Address: _____

Hospital: _____ Medical Insurance: _____

Insurance #: _____ Chronic Illnesses: _____

Regular Medications: _____

Date Of Last Tetanus (DPT) Immunization: _____

Allergies (Drugs Or Other): _____

Other Pertinent Data: _____

Child's Address: _____

City/State/Zip: _____ Home Phone: _____

Mother: _____ Daytime Phone: _____

Father: _____ Daytime Phone: _____

Emergency Contacts: _____ Phone: _____

_____ Phone: _____

Signature Of Parent

Date