

Safetyville/Safetyvillage

Emergency Medical Authorization

Child's Name		Home Phone		Cell Phone	
Home Address		City	State	Zip Code	
Parent/Guardian Name			Relationship to Child		
Parent's Work Name			Parent's Work Phone		
What phone number can we reach you while your child is in this program?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. This person must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
Phone Number	Relationship to Child		Phone Number	Relationship to Child	

Please list important information we need to be aware of concerning the child's medical history (including allergies, medications being taken, or physical conditions):

PART 1 – TO GRANT CONSENT

If reasonable attempts were made to contact me at the above home, cell or work phone numbers, or through the emergency contact numbers listed above, I hereby give my consent for (1) the administration of any treatment deemed necessary by our preferred physician and dentist listed below and (2) the transfer of the child to preferred hospital or clinic or any readily accessible.

Physician's Name		Phone Number	
Dentist's Name		Phone Number	
Name of Hospital/Clinic		Street Address	
City	State	Phone Number	
In the event the designated preferred physician and dentist are not available, I (we) give consent for the use of another licensed physician or dentist. This authorization does not cover major surgery, unless the medical opinions of another licensed physician or dentist is obtained before the surgery is performed.			
Parent's Signature			Date

DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1

PART 2 – REFUSAL OF CONSENT

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring medical emergency treatment, I do not want Safetyville/Safetyvillage to take any action.

Parent's Signature		Date
--------------------	--	------