

Parental Consent for Emergency Medical Care and Transportation

Child's Name: _____ Date of Birth: _____

I, _____ parent/guardian of
_____, give my provider,
_____, or her substitute, permission to

secure and authorize whatever emergency medical care and/or treatment she deems necessary for the protection of my child while in her care, or the care of her substitute. I understand this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my child to a hospital or physician's office, including the possible use of an ambulance.

If possible, I prefer that my child be taken to (hospital) _____.

I understand that any expense incurred for such treatment, including ambulance fees, is my responsibility, even if the provider is unable to contact me prior to treatment. I agree to pay all costs and fees contingent on any emergency care and/or treatment for my child.

Insurance: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____