

Caregiver Emergency Consent Form

(For Life Threatening Emergencies call 911)

I am/we are the custodial parent(s) of _____.

In my/our absence, we have left our child in the care of and do hereby authorize _____ to consent on our behalf to any medical treatment that my/our child may require, including that which may necessitate administration of general anesthesia, and agree to bear financial responsibility for such care. The following information is given to assist in providing needed medical care to my/our child:

Child 1:

1. Physician's name and phone number: _____

2. Child's Name: _____

3. Child's Social Security Number: _____

4. Insurance Company Name and Policy Number: _____

5. Known Allergies (including medication allergies): _____

6. Existing Health Problems: _____

7. Current Immunizations: _____

This consent form is valid until
(Date and Time) _____

Name: _____

Address: _____

Telephone Number: _____

Child 2:

1. Physician's name and phone number: _____

2. Child's Name: _____

3. Child's Social Security Number: _____

4. Insurance Company Name and Policy Number: _____

5. Known Allergies (including medication allergies): _____

6. Existing Health Problems: _____

7. Current Immunizations: _____

This consent form is valid until
(Date and Time) _____
Name: _____
Address: _____
Telephone Number: _____

- Child 3:
1. Physician's name and phone number: _____
 2. Child's Name: _____
 3. Child's Social Security Number: _____
 4. Insurance Company Name and Policy Number: _____
 5. Known Allergies (including medication allergies): _____
- _____
6. Existing Health Problems: _____
- _____
7. Current Immunizations: _____
- _____

This consent form is valid until
(Date and Time) _____
Name: _____
Address: _____
Telephone Number: _____

Family Signature _____ Date _____

Nanny Signature _____ Date _____