

# Child Pre-consent Form

## Information for Emergency Treatment

*(Please use a separate form for each child.)*

Last name of child: \_\_\_\_\_ First name: \_\_\_\_\_

Nick name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's date: \_\_\_\_\_

I, \_\_\_\_\_ parent \_\_\_\_\_ legal guardian (check one) \_\_\_\_\_  
(parent/legal guardian signature)

of \_\_\_\_\_  
(home address)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(home phone number) \_\_\_\_\_  
(work phone)

authorize healthcare personnel to treat the above named child in an emergency while being cared for by

\_\_\_\_\_  
(name or names of caregivers)

\_\_\_\_\_  
(name of child's physician) \_\_\_\_\_  
(physician's phone number)

Medicines your child is taking now: \_\_\_\_\_

Allergies, if any, including medication: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

Chronic or existing diseases or medical problems (diabetes, epilepsy, etc.): \_\_\_\_\_

Medical insurance carrier: \_\_\_\_\_ Member's name: \_\_\_\_\_

Identification number: \_\_\_\_\_ Account: \_\_\_\_\_ Benefit code: \_\_\_\_\_

Other things that make your child special (pet's names, hobbies, etc.): \_\_\_\_\_