

Emergency Pre-Consent Form for Minors

The pre-consent form below enables healthcare professionals to treat your child for minor emergencies when you cannot be reached. The form should be completed and given to your child's caregiver during times when you are not available, including times when your child is going to camp or traveling with someone else.

You may print this form to complete. Each child needs his or her own form.

Child's Last Name: _____

Child's First Name: _____

Nickname: _____

Date of Birth: ___ / ___ / ___

Today's Date: ___ / ___ / ___

Print your name: _____

Relation to child: ___ Parent ___ Legal guardian

Signature: _____

Home address: _____

City, state, zip: _____

Home phone: () ___ - ___

Work phone: () ___ - ___

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

Name(s) of caregiver(s): _____

Child's physician: _____

Medicine(s) your child is taking now:

Allergies, if any, including medications:

Date of last tetanus booster shot:

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

Medical insurance carrier: _____

Identification number: _____

Member's name: _____

Benefit code: _____

Account: _____

Other things that make your child special (pets' names, hobbies, etc.):

Once completed, print your form. Don't forget to print an extra copy to keep with your child's healthcare records.

For more information, please call:

(765) 472-8000