Allergies, if any, including medication:

_____

_____

_____

Chronic or existing diseases or medical problems:

_____

_____

_____

Medicines child is now taking:

_____

_____

_____

Date of last Tetanus injection or Booster:

_____

_____
Family Physician

_____
Phone Number

_____
Child's Physician

_____
Phone Number

INSURANCE INFORMATION

Medical Insurance Carrier

_____

Member Number

_____

Member's Name

_____

Employer:

_____

PERSON (S) FINANCIALLY RESPONSIBLE

_____

_____

Consent for Treatment of our child

In Case of an emergency:

This form authorizes

_____
Name (Please Print)

Or

_____
Name (Please Print)

To make medical arrangements in our absence.

Consent for Treatment of a Minor

This authorizes _____

_____

To give consent for medical or surgical treatment for our child (Child's full name) **Please Print**

_____

Date of Birth _____

Age: _____

Social Security Number

_____

In the event that neither mother/ Guardian **(Please Print)**

_____

Or

_____

father/Guardian **(Please Print)**

Is available at the time such consent for Treatment is needed.

The authorized adult (s) should be prepared to verify his/her identity to accord with the names stated in this authorization.

_____

Mother/Guardian Signature

And/or

_____

Father/Guardian Signature

Parent/Guardian address: (**Please Print**)

_____

_____

_____

Daytime Phone

_____

Evening Phone

_____

STATE OF

_____

COUNTY OF

_____

Before me, a Notary Public, in and for said County and State, this _____ day of _____, 2013

Personally appeared

_____

And acknowledged the execution of the forgoing instrument.

_____

Notary

My commission Expires:

_____