Southwestern Consolidated Schools

Consent for Emergency Care

In an emergency situation. If parents are not immediately available, this form will provide medical personnel with necessary information about this child. Even though every effort would be made to contact parents immediately. This form authorizes consent for emergency medical treatment to be started on a timely basis. It will be carried by the responsible adult in charge to away events. Please complete both sides and return.

Authorization for treatment of minor

I, _____ being the parent or legal guardian of

_____, give my consent for emergency medical and surgical treatment of this minor in a licensed hospital by a licensed Indiana physician should his/her condition so require it in my absence. I understand that in such a case reasonable attempts would first be made to contact me, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved. I impose no specific limitations or prohibitions regarding treatment other than those that follow: (if none, so state).

_____

_____

_____

This authorization is effective for the following time period: _____ to_____.

_____	_____
Parent or legal Guardian's signature	Parent or legal Guardian's signature
_____	_____
Parent or legal Guardian's name (please print)	Parent or legal Guardian's name (please print)
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Home Phone & Cell Phone	Home Phone & Cell Phone
_____	_____
Business Phone	Business Phone

_____
Family Doctor

_____
Phone:

_____
Preferred Surgeon:

_____
Phone

_____
Medical Insurance Carrier

_____
Identification #

_____
Member's Name

_____
Benefit Code

_____
Account #

_____

_____
Medical History: Allergies, if any , including medications

_____
Last Tetanus Immunization

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

_____
_____
_____
_____
_____
Medicines your child is taking now