



Emergency Consent Form

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, please complete this EMERGENCY CONSENT FORM. In the event of a medical emergency, this form will accompany your child to the hospital.

I hereby authorize the ART4LIFE STAFF to give consent for any and all medical and/or surgical treatment that may be required for our child during your absence from June 2019 until August 2019.

CHILD'S FULL NAME	DATE OF BIRTH	ALLERGIES	CHRONIC ILLNESSES	CURRENT MEDICATIONS	DATE OF LAST TETANUS IMMUNIZATION

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

Home address of parent/guardian: _____

Telephone of parent/guardian: _____

Employer: _____ Telephone: _____

Health insurance co.: _____ Policy holder name: _____

Member #: _____ Group #: _____

Emergency contact (other than parent/guardian): _____

Telephone: _____

Please list an emergency contact of someone within walking distance of your school who can pick up your child in case of a weather emergency or natural disaster that may inhibit your ability to safely reach the school.

Name: _____ Phone: _____

Parent/Guardian signature: _____ Date: _____