

## AUTHORIZATION FOR MEDICAL AND SURGICAL TREATMENT

It is the law that if your child needs medical, dental, health, or hospital services, a parent must give permission.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines if the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk in the child's life or health. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your child might need when you are away from home. To do this, make sure babysitters know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults to act for you by permitting your child to be treated when unexpected care is needed.

This is a legal document. It does not have to be notarized. With it you may appoint relatives, friends, teachers, clergy, and neighbors – anyone who is 18 years of age – to give permission for treatment for your child when you are away from them. **It is especially important to prepare this form for the occasions when you know it will be hard to contact you.**

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for the children.

I, \_\_\_\_\_ MOTHER/FATHER OF \_\_\_\_\_ hereby  
(Parent's Name) (Child's Name)

give permission for Medical and Surgical treatment to be administered to my child, and authorize **Mattie Shea, RN or other school medical professional** to act on my behalf.

Allergies to Medications: \_\_\_\_\_

Tetanus Immunization: \_\_\_\_\_

Is child up to date on other Immunizations? \_\_\_\_\_

Family Physician: (Name, Phone and Address): \_\_\_\_\_

Are there any medical problems, we should be aware of? \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Parent phone/cell numbers: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_