

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

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Family Doctor

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Phone:

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Preferred Surgeon:

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Phone

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Medical Insurance Carrier

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Identification #

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Member's Name

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Benefit Code

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Account #

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Medical History: Allergies, if any , including medications

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Last Tetanus Immunization

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

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Medicines your child is taking now