# Medical Consent Form

In case of emergency, _____has my consent to authorize medical care for my child(ren) listed below:

_____ _____

_____ _____

_____ _____

Our family physician is: _____

His/her address is: _____

His/her telephone # is: _____

Our hospital preference is: _____

Allergies: _____

Contact me immediately at: _____

If unable to contact me, please call:

_____@_____
Name Telephone

_____@_____
Name Telephone

***Signed by***

Name: _____

Address: _____

Telephone: _____

Date: _____