

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: _____

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