

# Children's Emergency Consent Form

**Call 911 for life-threatening emergencies.**

If your child needs emergency care and you are unavailable to give formal consent, this Emergency Consent form can prevent care from being delayed. Complete this form and leave a copy with your babysitter, daycare provider and/or temporary guardian. In case of emergency, please instruct your caregivers to bring the completed form with your child to the hospital.

Child's Full Name \_\_\_\_\_ Child's Date of birth: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone No.: \_\_\_\_\_

Address of parent/guardian: \_\_\_\_\_

Parent/guardian Home Phone No.: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/guardian Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Member No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_

Emergency Contact Home Phone No.: \_\_\_\_\_ Cell: \_\_\_\_\_

Allergies to Medicine: \_\_\_\_\_

Allergies to Foods: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_

*I hereby give consent for the child listed above to receive all medical and/or surgical treatment in the event of an emergency, accident, injury or sickness. I give authorization for treatment to all medical personnel, including licensed physicians, nurses, technicians, emergency responders and other medical personnel.*

Signed (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**ExpressCare Virtual**

Schedule at [virtual.providence.org](http://virtual.providence.org).

**ExpressCare Clinics**

Schedule at [www.providenceexpresscare.org](http://www.providenceexpresscare.org).

**Children's Emergency Room Locations**

**Providence St. Vincent Medical Center**

9205 SW Barnes Road, Portland, OR 97225

Phone: 503-216-2361