



A Division of ONE Pediatrics

CONSENT FOR EMERGENCY MEDICAL CARE

I, _____
MOTHER / FATHER / LEGAL GUARDIAN

hereby give my consent to _____
CAREGIVER / DAYCARE CENTER

who will be caring for my child _____
NAME / DATE OF BIRTH

for the period _____ to _____ to
arrange for emergency medical / surgical / dental care and treatment (including
diagnostic procedures) necessary to preserve the health of my child.

I acknowledge that I am responsible for all reasonable charges in connection with any
care and treatment rendered.

PLEASE PRINT

Name _____

Insurance _____

Address _____

I.D. # _____

Phone # _____

Group # _____

Work # _____

Pediatrician _____

Child's Allergies _____

Address _____

Date of last tetanus shot _____

Phone # _____

Medicines _____

Signature _____

Date _____

In case of emergency, I can be reached at

