

MEDICAL/DENTAL/EMERGENCY TREATMENT CONSENT FORM

Child's Name: _____ **Birth Date:** _____

Parent/Legal Guardian (Father) Name: _____

Home Phone: _____ Work Phone: _____

(Mother) Name: _____

Home Phone: _____ Work Phone: _____

Emergency Contacts (Persons a child can be released to if parent/guardian is unavailable)

Name 1: _____ Relationship: _____ Phone: _____

Name 2: _____ Relationship: _____ Phone: _____

Medical Doctor to contact in case of an emergency:

Name: _____ Phone: _____

Address: _____

Dentist to contact in case of emergency: **THIS MUST BE FILLED IN**

Name: _____ Phone: _____

Address: _____

Child's Health Insurance: Name of Plan: _____

Subscriber's Name (on Insurance Card): _____

Special Conditions: Disabilities, Allergies, Or Medical Information for Emergency: _____

Transport Arrangement in An Emergency Situation:

Ambulance service Requested: _____ Child should be taken to
_____ (Name of Hospital).

Parents/guardians are responsible for all emergency transportation charges.

Consent and agreement for emergencies:

As a parent/guardian, I give my consent to have my child receive first aid by TLC staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact persons listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every year.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____