



Child Medical Information & Consent for Emergency Medical Treatment

Doctor: _____	Phone: _____
Address: _____	
Medical Insurance: _____	
Group Number: _____	Child's Medical Record #: _____
Allergies:	
Medical problems or special needs:	
Please list all medications child is currently taking:	
Medication that needs to be administered (please include specific instructions):	

EMERGENCY CONSENT

It is our policy to notify a parent or guardian when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. In the event that it is necessary to take the child to the nearest emergency service, please sign below so that we can take appropriate action on behalf of your child.

As the parent, domestic partner, or authorized representative, I hereby give my/our consent to The Little Red Wagon to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.) or dentist (D.D.S.) for my/our child when I/we cannot be contacted. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

Parent/Guardian Signature

Date

