EMERALD PEDIATRICS, INC.

CONSENT FOR MEDICAL CARE

It is best that children are brought to Emerald Pediatrics by a parent or guardian. However, there may be times when someone else takes care of your child. That person may be a babysitter, teacher, or family member. If your child must be brought in to Emerald Pediatrics, we need a signed consent form to provide medical care.

This consent form allows the person you choose to seek medical treatment for your child when you are unable to come with the child. **The person you name must be 18 years of age or older.**

HOW TO USE THIS CONSENT FORM

1. Complete all the information below and on page 2 of this form. **Use a separate form for each child.**
2. Sign and date the form, and have an adult witness your signature. The person who will accompany your child can be the witness of your signature.
3. Give the completed form to the person you have chosen. The person must bring the consent form with your child to Emerald Pediatrics.
4. Be sure to tell the person coming with your child to get the doctor's and nurse's instructions **in writing** before leaving Emerald Pediatrics. If you have questions about the instructions given, be sure to call Emerald Pediatrics.

I, (parent, legal guardian) _____, cannot accompany

my child, (child's name) _____, to Emerald Pediatrics.

I therefore give permission to:

Name _____ Relationship_____

Name_____ Relationship _____

Name_____ Relationship _____

to accompany my child.

- This person has my permission to give consent for medical treatment of my child.
- This person has my permission to sign for any immunizations that may be necessary to administer to my child.

Date _____

_____ _____

(Signature of parent or legal guardian) (Signature of witness-18 years of age or older)

Address _____

Phone (Home/Cell) _____ (Work) _____

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MEDICAL INFORMATION

List the following information about your child.

Name of Child _____
Last Name First Name MI

- Birthdate _____
- Allergies _____
  _____
- Allergies to medicines _____
  _____
- Chronic (long-term) illnesses or conditions _____
  _____
- Medication(s) child is taking _____
  _____
  _____
- Other information _____
  _____
  _____