

**Medical Emergency Authorization Form**

**Consent to Medical Care  
And Treatment of Minor Children**

I \_\_\_\_\_ (the natural parent of legal guardian)  
herby give permission that my child, \_\_\_\_\_ may  
be given emergency treatment to include first aid and CPR by a  
qualified child care staff member at \_\_\_\_\_.

I further authorize and consent to medical, surgical and hospital care,  
Treatment and procedures to be performed for my child by may child's  
Regular physician, or when that physician cannot be reached, by a  
Licensed physician or hospital when deemed immediately necessary  
Or advisable by the physician to safeguard my child's health and I  
Cannot be contacted. I waive my right of informed consent to such  
Treatment.

I also give permission for my child to be transported by ambulance or  
aid car to an emergency center for treatment.

\_\_\_\_\_

Date and Place

\_\_\_\_\_

Signature