

Child's Name: _____ Phone Number: (____) _____

Emergency Medical Authorization Form

Franciscan Earth Literacy Center

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the FELC authority, when parents or guardians cannot be reached.

Child's Address: _____

Primary Contact: _____ Relationship: _____ Phone: _____

Secondary Contact: _____ Relationship: _____ Phone: _____

Other Contact: _____ Relationship: _____ Phone: _____

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

Please list facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician or FELC staff member should be alerted (Such as: milk or nut allergies, insect bites, medication allergies, or any other relevant medical information):

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the events the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does no cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date: _____ **Signature of Parent/ Guardian:** _____

Address: _____



PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In event of illness or injury requiring emergency treatment, I wish FELC to take the following action: _____

Date: _____ **Signature of Parent/ Guardian:** _____