

PERMISSION FOR EMERGENCY TREATMENT OF MINORS

AUTHORIZATION IS HEREBY GRANTED TO The Solid Rock Preschool & Mother's Day Out, FBC Wentzville TO CONSENT TO EMERGENCY TREATMENT FOR MY CHILD, _____ AND TO PROCEED WITH SUCH TREATMENT THAT MAY BE NECESSARY IN THAT WE THE PARENTS ARE NOT AVAILABLE AT THE TIME OF THE INJURY OR ILLNESS.

AUTHORIZATION IS ALSO GRANTED TO The Solid Rock Preschool & Mother's Day Out, FBC Wentzville TO AUTHORIZE ADMISSION TO _____ HOSPITAL FOR MY CHILD, _____ IF AT THE TIME OF THE INJURY OR ILLNESS, IN OUR ABSENCE, ADMISSION TO THE HOSPITAL IS ADVISABLE BY OUR PRIVATE PHYSICIAN OR A CONSULTING PHYSICIAN OF HIS CHOICE.

CHILD'S BIRTHDATE _____

DATE OF CHILD'S LAST IMMUNIZATION INJECTION _____

CHILD'S ALLERGIES AND CHRONIC ILLNESSES _____

FULL NAME OF PRIVATE PHYSICIAN _____

ADDRESS AND PHONE NUMBER OF PARENTS _____

SIGNATURE OF CHILD'S FATHER

SIGNATURE OF CHILD'S MOTHER

PLEASE NOTE: COMPLETION OF THIS FORM DOES NOT RELINQUISH THE HOSPITAL'S RESPONSIBILITY TO MAKE SEVERAL ATTEMPTS TO NOTIFY THE PARENT AT THE TIME THE CHILD IS BROUGHT TO THE EMERGENCY ROOM.