

Emergency Treatment

Whenever an emergency occurs involving a minor, health care providers need the permission of a parent to treat the child. If a parent can not be reached, written consent is required before your child can receive emergency medical treatment. However, if a physician feels immediate treatment is necessary to prevent death or serious injury, treatment will begin.

This form is a useful tool to have ready in the case your child needs emergency treatment when you are away. Fill out this form and leave with your child's caregiver. Your caregiver can then present this form to the medical provider so there is no delay in your child's medical treatment.



**In emergencies,
seconds count!
Dial 911 if an ambulance is
needed.
Go to your closest hospital for
emergency care.

Don't risk further injury by
delaying immediate
medical treatment.**

Veterans Memorial Hospital

40 First St. SE
Waukon, IA 52172

Phone: 563-568-3411

www.veteransmemorialhospital.com



Emergency Treatment Authorization Form for Minors



Veterans Memorial Hospital

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Child's Medical History

Physician:

Date of last Tetanus/Diphtheria:

Allergies:

Medications:

List any chronic illnesses or medical problems:

Additional Information:

Authorization

As the parent and/or guardian, I authorize medical treatment by a medical provider in the event of an emergency. This authorization is granted only after a reasonable effort has been made to reach me.

Child's Name:

Date of Birth:

Address:

City: _____ State: _____ Zip: _____

Signature (parent or legal guardian):

Relationship to child:

Home Phone: _____ Cell Phone: _____

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Please give this form to your child's care giver to have available if your child needs emergency treatment while you are away.

