



Family Care Urgent Care

This consent is intended for children less than 18 years old. By signing it, you are consenting that medical care and treatment be given to your child in emergency situations when reasonable efforts to reach you are unsuccessful and your child needs immediate medical attention. This form will be in effect for one year following the date signed. One form should be completed for each child. For additional forms, please call Family Care at 330-875-5625.

This completed form gives the person(s) you designate permission to have your child treated at Family Care in case of a minor accident, injury, or illness, in your absence.

I, (we) the parent(s) or legal guardian(s) of a minor, authorize _____ to act in our stead and authorize them to seek and obtain any necessary waiver for medical treatment of any kind as if they were the said child's parent or legal guardian. This document is intended to allow any physician or medical personnel at Family Care to treat the child in a medical situation when they are unable to obtain our immediate consent at the time of treatment.

Parent(s) Name: _____ Relationship: _____

Child's Name: _____ DOB: _____

Address: _____

Home Phone: _____ Work Phone: _____

Present Medications: _____

Medication Allergies: _____

Medical Illness: _____

Last Tetanus Injection: _____

Family Physician: _____ Telephone: _____

Preferred Hospital: _____ Telephone: _____

Nearest Relative: _____ Telephone: _____

Insurance Company: _____ Policy #: _____

Address: _____ Group #: _____

Subscriber: _____ Employer: _____

Signature: _____ Date: _____

Relationship to child: _____