

Los Rios Community College District

American River College • Cosumnes River College • Sacramento City College

Medical Emergency Consent Authorization *

I hereby authorize the Child Development Center Supervisor or designee to consent to any X-ray examination, anesthetic, medical or surgical treatment or hospital care to be rendered to this minor child under the general or special supervision and upon the advice to a licensed physician or surgeon; or to consent to an X-ray examination, anesthetic, dental, or surgical treatment or hospital care to be rendered to said minor by a licensed dentist.

I understand that the authorization I have given will be exercised only when the designated Supervisor deems it necessary.

Signature _____

Date _____

Signature _____

Date _____

Parent, Step Parent, Domestic Partner, Guardian or Foster Parent Signature

Two signatures are required if child has two adults responsible for his/her care.

*** This form authorizes the Child Development Center Supervisor to act under Provisions of Civil Code Section 25.8 to give consent to medical treatment on behalf of the child.**

EMERGENCY INFORMATION

Child's Name _____

Birth Date _____

Adult Name _____

Telephone _____

Adult Name _____

Telephone _____

PHYSICIAN TO BE CALLED IN EMERGENCY

Physician's Name _____

Telephone _____

Address _____

If Physician cannot reached, what action should be taken? _____

Medi-Cal Number _____ Medical Insurance _____ Insurance Number _____

Allergies or Other Medical Limitations _____

PERMISSION FOR MEDICAL TREATMENT. Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Signature _____

Date _____

Signature _____

Date _____

Parent, Step Parent, Domestic Partner, Guardian or Foster Parent Signature

Two signatures are required if child has two adults responsible for his/her care.