

TIPP MONROE COMMUNITY SERVICES

MEDICAL TREATMENT AUTHORIZATION AND CONSENT

PURPOSE: To enable parents or guardians to authorize the provision of emergency medical treatment for children who are ill or injured while participating in Tipp Monroe Community Services Activities, classes and event when parents or guardians cannot be contacted.

PART I GRANT TO CONSENT

By checking this box, I hereby consent to the following:

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr. (s), or preferred Dentists or in the event designated Dr. or Dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible. **NOTE:** This authorization does not cover major surgery unless the medical options of the two other licensed physicians or dentists, concurring in necessity for such surgery are obtained **BEFORE** the surgery IS PERFORMED.

NAME: (Participant's) _____ AGE: _____
(First) (Last)

Emergency Contact 1: _____ Phone: _____

Relationship to participant: _____

Emergency Contact 2: _____ Phone: _____

Relationship to participant: _____

Signature: _____ Date: _____
(Parent or Legal Guardian)

Part II REFUSAL OF CONSENT *(Do not complete if you completed Part I)*

By checking this box, I refuse consent for treatment for the child listed above.

Signature: _____ Date: _____
(Parent or Legal Guardian)

Turn over to complete Health Information

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HEALTH INFORMATION

Health Conditions (e.g. Asthma, Diabetes):

Allergies (e.g. to Medications, Food): Please list all known allergies and reactions (food, medicine, environmental):

Prescription Medications: Please list all prescribed medications and dosages.

Physical Impairments: Please list any physical impairments including but not limited to contacts, glasses, hearing aids, etc.:

Please complete this form and return to Tipp Monroe Community Services.

Date _____ **Signature:** _____

(Parent or Legal Guardian)