

LORI A. TALLMAN, PLC
Attorney at Law

9011 Davison Road
Davison, MI 48423

attytallman@charter.net

Phone 810-658-1555
Fax 810-658-1557

**EMERGENCY CARE AUTHORIZATION
FOR CHILDREN**

There may be times when children need emergency medical treatment and their parents are not available to take them to the hospital. These occasions might include business travel, vacations, weekend trip, or merely an evening out.

In order to be prepared during these occasions, it is often recommended that parents prepare and provide the caretaker with the child's personal health information and an executed Emergency Care Authorization Form.

The Health Information Form contains medical information about your child that would be of vital importance should an emergency arise. This authorization form would ensure that the emergency department has your consent to treat your child. One form should be completed for each child. You may make multiple copies of the blank forms and then complete them as needed.

The staff of an emergency department or other medical provider must have your permission before they can treat children when they are under the age of 18 and unmarried. Of course, if the situation is life threatening, the staff would immediately provide the necessary treatment. In non-urgent situations, however, the staff must await permission from parents or legal guardians. Under the law in most states, consent to administer medical care cannot come from brothers, sisters or even grandparents.

In case of an emergency, the staff will do everything in its power to contact you as quickly as possible so you can go to the Emergency Department to sign the required consent form. Sometimes, however, parents go out of town and leave children in the care of a babysitter or with family. In these cases, when you will be unable to go to the Emergency Department quickly to sign the consent form, you can give the babysitter/caretaker power to authorize treatment for your child by completing an Emergency Care Authorization Form.

Please instruct your babysitter or other family member who regularly cares for a minor child to take the form with them to the Hospital Emergency Department should an emergency arise. And of course, hope and pray that the occasion may never arise.

No legal advice has been provided in connection with providing this form and no attorney-client relationship has been created. If you would like further assistance regarding this form, or other estate planning or legal matters, please feel free to contact our office or another attorney.

EMERGENCY HEALTH CARE INFORMATION
(make additional copies for each child)

Child's Full Name: _____

Date of Birth: _____ Date of last Tetanus Shot: _____

Child is allergic to the following medications: _____

_____ () None

Child is taking the following medications: _____

_____ () None

Child is diabetic or other chronic condition or major illness: _____

Family Doctor: _____ Phone: _____

Pediatrician: _____ Phone: _____

Other Doctor: _____ Phone: _____

Important medical records: _____

In case of an emergency, where can you be reached? _____

Print your full name, home address, medical insurer and policy number.

Name: _____ Phone: _____

Address: _____

Insurer: _____ Policy #: _____

Parent Signature: _____ Date: _____

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EMERGENCY CARE AUTHORIZATION

You may complete this Authorization for those occasions when you are going out of town and leaving your child in the care of a babysitter or with family. This gives them power to authorize emergency treatment. This form should be left with the person caring for the child(ren) and taken to the hospital.

Name of Child: _____

Name of Child: _____

Name of Child: _____

Person caring for Child(ren): _____

Address: _____

Indicate where you can be reached while away. Include as much information as possible (telephone, locations). If possible, attach an itinerary to this form to help contact you case of an emergency:

I hereby authorize the person(s) named above to sign for medical treatment of my child(ren) between the following dates:

From: _____ Until: _____

Parent Signature: _____ Date _____

Witnessed by: _____

(Notarization is not required, but generally recommended)

State of Michigan)

County of _____)

Subscribed and sworn to before me a Notary Public, this _____ day of _____, 20__

Name: _____
Notary Public, _____ County
My Commission Expires: _____

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