____
Print Last Name

AUTHORIZATION FOR EMERGENCY TREATMENT of a:

- ☐ **Minor**
- ☐ **Adult**
- ☐ **Medically-conserved Adult**

I, (we) the undersigned parents(s), legal guardian or conservator of:______________________________, do hereby authorize and consent to any x-ray examination, anesthetics, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the state of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that, if the patient is a minor or medically conserved adult, efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

THE BELOW INFORMATION IS OFFERED VOLUNTARILY FOR THE BENEFIT OF MYSELF/MY CHILD AND, AS SUCH, IS NOT PROTECTED BY HIPAA :

BIRTHDATE(s):______________________________ DISABILITY DIAGNOSIS: ____________________

MEDICATIONS: ____

LAST TETANUS/DIPHTHERIA:__________________ (DPT) BOOSTERS:__________________________

LIST ANY RESTRICTIONS:____

INDIVIDUAL SAFETY CONSIDERATIONS (check all that apply and provide further info below):

- ☐ Medical condition
- ☐ No sense of danger
- ☐ No water safety/inability to swim
- ☐ Dangerous allergy(s)
- ☐ Aggression or destructive behavior
- ☐ Wandering/ elopement (info form avail.)
- ☐ Seizures (info form avail.)
- ☐ Easily chokes
- ☐ Other: _______________

____

OTHER MEDICALLY PERTINENT INFORMATION:____

______________________________________ ______________________

Signature of adult patron, parent/legal guardian of minor or conservator Date

PLEASE ALSO COMPLETE REVERSE SIDE OF FORM

For Staff Use:

- ☐ Seizure Info on file, dated:
- ☐ Elopement Risk Info on file, dated:
- ☐ Other information on file, dated:

Date this form received:

Date stamp

NAME OF LEGALLY RESPONSIBLE ADULT(S):

1)______________________________ ____________ ____________________________________
Name of parent/ guardian/conservator Relationship Place of employment

____ _______________________ ________ _______
Address City State Zip

TELEPHONE NUMBERS WHERE ABOVE NAMED PERSON CAN BE REACHED:

Cell number: ______________ Home number: ___________________ Work number:___________________

2)________________________________ ____________ ____________________________________
Name of additional parent/ guardian/conservator Relationship Place of employment

____ _______________________ ________ _______
Address City State Zip

TELEPHONE NUMBERS WHERE ABOVE NAMED PERSON CAN BE REACHED IN AN EMERGENCY:

Cell number: ______________ Home number: ___________________ Work number:___________________

MEDICAL INSURANCE INFORMATION:

Primary: _______________________ ________________________________ ______________________________
Insurance Company Policy holder Policy Number

Secondary: ______________________ ________________________________ ______________________________
Insurance Company Policy holder Policy Number

Physician: ____________________________________ ____________________________________
Name or medical group Phone Number

RELATIVE OR FRIEND TO NOTIFY IN CASE OF EMERGENCY (other than parent or legal guardian):

________________________________ ______________________________ ______________________________
Name Relationship Phone number

________________________________ ______________________________ ______________________________
Name Relationship Phone number

Additional adults who have your authorization to pick-up your family member:

_________________________________ _____________________ _______________________
Name Relationship Phone

_________________________________ _____________________ _______________________
Name Relationship Phone