TIPP-MONROE COMMUNITY SERVICES, INC. *EMERGENCY MEDICAL AUTHORIZATION*

PART I GRANT TO CONSENT

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under TMCS authority, when parents cannot be reached.

NAME:________________________________ ____________________________ AGE: ___________
(Participant's) Last First

Contact Person:____ Phone:____________________________
Alternate Contact:_____________________________________ Phone:____________________________
Emergency Contact:_____________________________________ Phone:____________________________

Preferred Doctor:______________________________________ Phone:____________________________
Preferred Dentist:_____________________________________ Phone:____________________________
Preferred Hospital:____________________________________ Phone:____________________________

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.

Medical History:

Allergies:____

Medications:____

Physical Impairments:____

Date________________________ Signature:____
Parent or Legal Guardian

Date & Initial ___________ Date & Initial _____________ Date & Initial ________________

Part II REFUSAL OF CONSENT

Do not complete if you completed Part I

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that Tipp-Monroe Community Services to take no action or to____
____

Date:________________________ Signature:____
Parent or Legal Guardian