

# Emergency Treatment Consent Form

I \_\_\_\_\_ (parent/legal guardian full name) of \_\_\_\_\_ (child's full name) born on \_\_\_\_\_ (month/day/year) do hereby consent to any medical care determined by a physician to be necessary for the welfare of my child while under the caretaking of Davidson United Methodist Preschool of Davidson, NC when I am not reasonably available by telephone to give consent. This authorization is effective from \_\_\_\_\_ (month/day/year) to \_\_\_\_\_ (month/day/year).

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**Signature of Parent or Legal Guardian**

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**Witness Signature (REQUIRED)**

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. The additional information will assist in treatment if it can be furnished with consent but is not required.

Parent/Legal Guardian Name & Telephone \_\_\_\_\_

Emergency Contact Name & Telephone \_\_\_\_\_

Last Tetanus \_\_\_\_\_

Allergies \_\_\_\_\_

Special Medications, Blood Type or Pertinent Information \_\_\_\_\_

Child's Physician & Phone Number \_\_\_\_\_

Insurance/Policy # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_