


Family Care NOW

an affiliate of ALLIANCE COMMUNITY HOSPITAL 

This consent is intended for children less than 18 years old. By signing it, you are consenting that medical care and treatment be given to your child in emergency situations when reasonable efforts to reach you are unsuccessful and your child needs immediate medical attention. This form will be in effect for one year following the date signed. One form should be completed for each child. For additional forms, please call Family Care Now at 330-875-5625.

This completed form gives the person(s) you designate permission to have your child treated at Family Care Now in case of a minor accident, injury, or illness, in your absence.

I, (we) the parent(s) or legal guardian(s) of a minor, authorize to act in our stead and authorize them to seek and obtain any necessary waiver for medical treatment of any kind as if they were the said child's parent or legal guardian. This document is intended to allow any physician or medical personnel at Family Care Now to treat the child in a medical situation when they are unable to obtain our immediate consent at the time of treatment.

Parent(s) Name: _____ Relationship: _____
Child's Name: _____ DOB: _____
Address: _____
Home Phone: _____ Work Phone: _____
Present Medications: _____
Medication Allergies: _____
Medical Illness: _____
Last Tetanus Injection: _____
Family Physician: _____ Telephone: _____
Preferred Hospital: _____ Telephone: _____
Nearest Relative: _____ Telephone: _____
Insurance Company: _____ Policy #: _____
Address: _____

Signature: _____ Date: _____
Relationship to child: _____