

Parent Authorization Form Sample for Emergency Care

A **parent authorization form** sample for emergency care provides essential consent for medical treatment when guardians are unavailable. This document ensures that caregivers and medical professionals can act swiftly in case of an emergency. Properly completed forms help protect children's safety and legal rights.

Sample Parent Authorization Form for Emergency Care

Child Information

Child's Full Name:

Date of Birth:

Home Address:

Parent/Guardian Information

Parent/Guardian Full Name:

Primary Phone Number:

Alternate Phone Number:

Medical Information

Primary Physician:

Allergies (if any):

Current Medications:

Authorization Statement

I, the undersigned parent/legal guardian, authorize any licensed physician, healthcare provider, or hospital to provide such medical or surgical care, including anesthesia, hospitalization, or surgery as may be required in an emergency situation for my child listed above when I cannot be contacted. I understand that reasonable efforts will be made to contact me prior to treatment.

Parent/Guardian Signature:

Date:

Submit