Garnet Health
Middletown, NY

Authorization for Emergency Treatment of Minors
(Anyone Under the Age of Eighteen)

Date: _____Time: _____ (AM) (PM)

Name of Minor (s)	Birth Date	Date of Last Tetanus	Family Physician Name& Phone #	Allergies

I/We being the parent(s) or legal guardians of the above names minor(s), do hereby appoint:

English Rose Day School
16 Weathervane Drive
Washingtonville, NY 10992
845-496-4455

To act in my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the above-named minor(s) during the period of my/our absence.

Date from: _____ to _____ - Parent/Guardian initials ____

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required. This document shall not be construed as consent to medical, dental or surgical treatment of an elective nature if such treatment can be postponed until I am available to consent to such care personally. Treatment shall be considered elective if, in the treating physician's judgement, it can be delayed until I am available to consent without serious negative impact to my child's health or welfare.

I agree that I am responsible for the costs and expenses for medical, dental or surgical care and hospitalization rendered to the above-named minor at the direction of the individual(s) I/we have appointed herein.

Hospitalization coverage for the above-named minor(s):

Name of Insurance Company or Government Program

Identification or Contract Number

_____ _____

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Parent/Legal Guardian (s) Name (print) _____

Home Address _____

City, State, Zip Code _____

Phone # _____

Parent /Legal Guardian Signature _____

Witness (Notary Public)
On the _____day of _____in the year 20 __,before me came _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he executed the same.

Signature _____

Name _____

Stamp

When, in the physician's judgement, an emergency exists and your child is in immediate need of medical attention such that any delay in treatment would result in increased risk to your child's life or health, parental consent will not be required. In all other cases, no treatment will be provided until parental consent is obtained. For those situations in which other than a "true emergency" exists, you can avoid unnecessary anxious moments for your child by making sure that the person in whose care you left the children knows where you can be reached while you are away from home or, for those times when it would be difficult to contact you, you can authorize other adults to give permission for necessary medical or dental care for your child.

This is a legal document. With it you may appoint other adults to consent to medical treatment for your minor children when you cannot be reached to give such consent. You can appoint relatives, friends, teachers, clergy, and neighbors – anyone who is over eighteen years of age and who can be responsible for your children when you are away from them. This is especially important for times when you know it will be difficult to reach you.

Fill out this form, or one similar to it, and give it to the adult(s) who can be responsible for your child while you are away. If your child needs medical or dental attention, the responsible adult should present this document to the appropriate person – physician, hospital representative or dentist. The responsible adult may then consent to treatment, which, in the physician's judgement, should not wait until you are available to consent in person. This form does not authorize that appointee to give consent to elective medical or dental treatments.

NOTE: THIS FORM MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.