

Medical Form

The law requires that parental permission be obtained for operative and medical procedures on minors. Please fill out the following consent form so that emergency procedures may be promptly carried out. Those in charge will make every effort to notify you if your child is hurt. Also, no operation other than minor surgery will be performed, except in an extreme emergency, without parents being contacted and fully informed.

Child's Name: _____

I give my permission for operative and medical procedures as may be deemed necessary for my son or daughter _____ Date: _____
(Parent or guardian)

Mother's Day Phone: _____ Evening: _____

Father's Day Phone: _____ Evening: _____

Is the above covered by hospitalization insurance? Yes No

Is so, what is the name of the company? _____

Policy number: _____ Group number: _____

Individual number: _____

Yes you can give my child Tylenol --- Dose: 1 tablet or 2 tablets -- 250 mg or 500 mg (please circle)

Please list facts concerning the child's medical history, including allergies and medications being taken, and any physical impairments to which a physician should be alerted.

Preferred Physician: _____ Phone: () _____

Address: _____

Preferred Dentist: _____ Phone: () _____

Address: _____

Year of child's last tetanus shot: _____

Anything else we should know about your child:
