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## CHILD HEALTHCARE CONSENT FORM

*State of Alabama*

I, \_\_\_\_\_, of \_\_\_\_\_, declare that I am the parent of the following child:

-- \_\_\_\_\_, Male, born on \_\_\_\_\_ in \_\_\_\_\_

My child has the following special medical needs and/or allergies:

\_\_\_\_\_

I do hereby grant \_\_\_\_\_, of \_\_\_\_\_, the authority to obtain medical treatment as needed for the above listed child.

I grant \_\_\_\_\_ permission to do the following in service of seeking medical treatment for my child:

-- Obtain medical treatment/procedures for the child as may be appropriate or necessary in emergency situations, including and not limited to treatment by doctors, nurses, hospital and clinic personnel, and any other appropriate and qualified healthcare providers

-- Obtain routine medical treatment/procedures for the child from appropriate and qualified healthcare providers if symptoms of illness occur and \_\_\_\_\_ is reasonably certain medical treatment is necessary and in the best interest of the child

- Administer medications prescribed to the child as directed and necessary
- Administer over the counter medications to the child as prudent and necessary

If necessary, \_\_\_\_\_ should contact the following healthcare provider to provide medical information and consultation and set up an appointment if necessary:

-- \_\_\_\_\_

If the child require hospitalization, \_\_\_\_\_ should make every reasonable effort to use the following hospital:

-- \_\_\_\_\_

The authorized person may provide physicians, nurses, and other healthcare providers with the following health insurance information:

*Insurance Company:* \_\_\_\_\_

*Policy Number:* \_\_\_\_\_

*Name of Policyholder:* \_\_\_\_\_

This granting of authority shall begin on \_\_\_\_\_ and remain in effect until \_\_\_\_\_.

In case of an emergency, \_\_\_\_\_ should first contact the parent in the following manner:

-- \_\_\_\_\_

If the parent is not available in an emergency situation, \_\_\_\_\_ should contact the following alternative emergency contact:

-- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE