

Children's Medical Information

LEAVE THIS FORM AT HOME WHILE YOU'RE AWAY!

If your child needs medical, dental, hospital or other health services, you as a parent must give permission. This form allows you to appoint adults who may be responsible for medical care for your children when you are not available. Fill out this form carefully and have your signature witnessed. Put it in a place that is easy to find and tell caregivers and others where to find it.

Parents/Guardian

Name	Address

Minor Children

Name	Birthdate	Allergies	Medical/Special Problems

Medical Insurance Information

Name of Insurance Company	Policy/Group ID Number

	Name	Phone Number
Family Physician(s)		
Siblings over 18 years		
Grandparents		
Aunts/Uncles		

I/We, being the parent(s) or legal guardian(s) of the above named minor children hereby appoint:

Name	Address	Phone Number

to act in my/our behalf in authorizing unexpected medical care, dental care, and hospitalization for the above named minor(s) during the period of my/our absences from: _____ through _____
Month/Day/Year Month/Day/Year

This document shall be presented to a physician, dentist, or appropriate hospital representative at such times as unexpected medical care, dental care, and/or hospitalization may be required.

Parent/Guardian Signature

Parent/Guardian Signature

Witness Signature

Witness Signature

We, the parents can be reached in an emergency:

Place		Phone	
Place		Phone	

