

American Health Network

Grove City Pediatrics

4074 Gantz Road

Grove City, OH 43123



## Emergency Consent Form

If your child needs emergency medical care and you are not available to give formal consent, care may be unnecessarily delayed. In the event of a medical emergency this form will serve as authorization for treatment for your child.

I hereby authorize \_\_\_\_\_ to give consent for medical and/or surgical treatment that may be required during my absence.

Child's name : \_\_\_\_\_ date of birth : \_\_\_\_\_

Parent(s) name and home address : \_\_\_\_\_  
\_\_\_\_\_

chronic illness : \_\_\_\_\_

allergies : \_\_\_\_\_

current medications : \_\_\_\_\_

date of last tetanus immunization : \_\_\_\_\_

other pertinent information : \_\_\_\_\_  
\_\_\_\_\_

Physician name & telephone : \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
date

Phone: 614-871-8500

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www.gcpeds.com