

CONSENT AND AUTHORIZATION
FOR EMERGENCY TREATMENT

I/We, _____ and _____, parent/guardian, hereby give our consent and authorization to _____, to obtain and authorize any and all medical, dental and/or surgical care and treatment for our herein named children, if same shall be deemed necessary in our absence.

We further consent to and authorize all qualified and standard medical care and personnel, hospitals and institutions to perform said medical, dental, and surgical care and treatment for our said children if same shall be deemed necessary for the best interests and welfare of our children.

We further state that our children included in this consent and authorizations are:

_____ DOB: _____
_____ DOB: _____
_____ DOB: _____
_____ DOB: _____

This consent and authorization is made due to our said children being in the temporary care of the aforementioned custodians and shall be valid from _____ to _____.

Medical Insurance Information: _____

_____.

Doctor's office: Town & Country Pediatrics
3009 N. Ballas, Suite 141A
Town & Country, MO 63131
Office (314) 994-0209
Exchange (314) 362-0712
Fax (314) 994-9130

Dentist:

Nearest Relatives: _____

In witness whereof, I have hereunto set my hand and seal this _____ day of _____, 20____.

My commission Expires: _____

Notary Public _____