

Consent Card

Print out this card and give it to your child's caregiver in case of emergency.
These are great for babysitters, grandparents, or other relatives watching your child.

For health information from the Pennsylvania Medical Society, visit our Web site at www.myfamilywellness.org.

FOR _____
Name of Caregiver

[I/we], _____, legal parent(s)/guardian(s) of the following children, provide the attached medical, insurance, and emergency contact information for them. Furthermore, if [I/we] cannot be reached and a delay in contacting [me/us] would jeopardize their health, _____ (Authorized Caregiver) is hereby authorized to make emergency medical care decisions for [my/our] children.

Parent/Guardian Signature

Authorized Caregiver Signature

Witness Signature

Date Signed

Notify in Case of Emergency:

Contact Name: _____

Relationship to Children: _____

Contact Phone: () _____

Insurance Company: _____ Policy #: _____
for Children

Medical Profile of _____ (Child's Full Name)

Child's Date of Birth: _____ Gender: _____ Blood Type: _____

Allergies: _____

Current Medications: _____

Medical Conditions: _____

Medical Profile of _____ (Child's Full Name)

Child's Date of Birth: _____ Gender: _____ Blood Type: _____

Allergies: _____

Current Medications: _____

Medical Conditions: _____

Medical Profile of _____ (Child's Full Name)

Child's Date of Birth: _____ Gender: _____ Blood Type: _____

Allergies: _____

Current Medications: _____

Medical Conditions: _____

Medical Profile of _____ (Child's Full Name)

Child's Date of Birth: _____ Gender: _____ Blood Type: _____

Allergies: _____

Current Medications: _____

Medical Conditions: _____

Provided by:



Pennsylvania
MEDICAL SOCIETY®

Doctors and Patients. Preserve the Relationship.®

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