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Caregiver consent form templates

1. I hereby authorize the undersigned to act as my agent and to execute any and all documents, including but not limited to, any and all forms, contracts, and agreements, that may be required in connection with the care and treatment of my child, including but not limited to, any and all forms, contracts, and agreements, that may be required in connection with the care and treatment of my child.

Emergency Contact and Medical Information for a Child

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F  
 Sex \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Parent's/Guardian's Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
 City, ST ZIP Code \_\_\_\_\_ City, ST ZIP Code \_\_\_\_\_

Alternate Emergency Contacts

Primary Emergency Contact \_\_\_\_\_ Secondary Emergency Contact \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
 City, ST ZIP Code \_\_\_\_\_ City, ST ZIP Code \_\_\_\_\_

Medical Information

Hospital/Clinic Reference \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies/Special Health Conditions \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_  
 I give permission for my child to go on field trips. I release Powers Catholic High School and individuals from liability in case of an accident during activities related to Powers Catholic High School, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL CONSENT FORM FOR CAREGIVER

I, \_\_\_\_\_ hereby voluntarily consent to the rendering of such care, including, but not necessarily limited to, diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgment be necessary to provide for the medical, surgical or emergency care of my child, \_\_\_\_\_ (hereinafter "Dependent").

I further give my consent to \_\_\_\_\_ (hereinafter "Caregiver"), who will be caring for my Dependent for the period March 13, 2010 through March 20, 2010, to arrange for routine and/or emergency medical and/or dental care and treatment necessary to preserve the health of my Dependent. In the event that my Dependent is injured or ill while under the care of the Caregiver, I hereby give permission to the Caregiver to provide first aid for said Dependent and to take all appropriate measures necessary to provide care for my Dependent, including transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my Dependent, I direct that the Caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the Caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the Caregiver on my behalf for the benefit of my Dependent, I authorize the Caregiver to request, obtain, review and inspect any and all information bearing upon my Dependent's health and relevant to any such decisions to be made respecting any such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment of my Dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my Dependent during this period.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Allergies \_\_\_\_\_ Dependent Medications \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Health Insurance Policy # and Group # \_\_\_\_\_

State of Kansas \_\_\_\_\_

County of Johnson \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

(Seal) \_\_\_\_\_ Notary Public





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