Early Connections Learning Centers
Consent for Treatment of a Minor

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical treatment of this minor in the event that such treatment becomes necessary. I grant my permission for treatment in a licensed hospital by a licensed physician and the physician's assistants and designees, including such hospital personnel as the physician may deem necessary. I understand that hospital personnel will make reasonable attempts to contact me before initiating treatment. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment.

Signature of Parent or Legal Guardian: _____ Date: _____

Mother / Legal Guardian
Name: _____
Address: _____
City:_____State____Zip_____
Phone Number: _____
Work Number: _____
Cell Number: _____
Name of Workplace: _____

Father's / Legal Guardian
Name: _____
Address:_____
City:_____State____Zip_____
Phone Number: _____
Work Number: _____
Cell Number: _____
Name of Workplace: _____

Family Doctor
Name:_____
Address:_____
City:_____State____Zip_____
Phone Number:_____

Family Dentist
Name: _____
Address:_____
City:_____State____Zip_____
Phone Number:_____

Preferred Hospital
Name:_____
Address:_____
City:_____State____Zip_____

Medical Insurance Carrier
Carrier Name:_____
Address:_____
City:_____State____Zip_____
Phone Number: _____

Dental insurance Carrier
Carrier Name: _____
Address:_____
City:_____State____Zip_____
Phone Number: _____

Medical History
Allergies: _____
_____
_____

Chronic or existing medical conditions and problems (such as diabetes, epilepsy, Asthma, ADD/ADHD):
_____
_____
_____
_____

Medications child is taking for chronic condition:_____
_____
_____

****

State of Colorado County of_____

On this _____day of _____, 20____, _____

personally appeared before me *who is personally known to me *whose identity I proved on the basis of satisfactory evidence *whose identity I proved on the oath/affirmation of _____ a credible witness, to be the signer of the above instrument, and he/she acknowledged that he/she executed it.

_____
Notary Public

SEAL

_____
My Commission Expires