

Medical Authorization

Keys? Check! Gas tank filled? Check! Luggage packed? Check! Kids dropped off at my brother's? Check! My wife and I are ready for a weekend out of town, right? Wrong!

As parents, we have all taken trips, get-away weekends, or simply a night out without our children. When doing so, we make sure that a sitter or a relative is lined up to watch the children. However, usually we forget to provide for a situation where the children might become sick or injured and need medical care.

Anyone who has ever presented a sick or injured child to an emergency room or neighborhood care center can testify to the fact that care cannot be rendered until a parent and/or legal guardian has given authorization for the care to be given. In a life-threatening emergency, care would be rendered. However, in the case of an ear infection or a cut requiring stitches, the medical provider will require an authorization before proceeding to treat the child.

At the end of this article, I have drafted a Medical Authorization Form, which has been printed in a large enough format for use by you. Print it and use it.

This form can be used not only in the situation where you are out of town, but also in an instance where your child is out of town, such as on a bus trip or traveling with neighbors. You can also use the form in conjunction with day-care for your children, or the occasion when a neighbor is watching your children. Lastly, the form also can be used in the situation where you are watching a neighbor's child.

Please take the time to print and fill out the form. While the form will not do away with the anxiety of "what if one of the kids gets sick", it will alleviate the uncertainty of whether your child will be able to acquire medical care if you are not present.

MEDICAL AUTHORIZATION FORM

I, _____, being the parent and/or legal guardian of _____ (hereinafter, my child(ren)) do hereby authorize _____ to seek and obtain medical care for my child(ren) in the event that my child(ren) need(s) medical care.

My child has the following allergies: _____. (if applicable)

I agree to be financially responsible for the cost of any medical care provided to my child(ren) under this Authorization.

My health insurance carrier is _____ and my Policy or Certificate number is _____.

Date _____

Signature of Parent (or Legal Guardian) _____

Witness Signature _____