

Children's Emergency Consent Form

Call 911 for life-threatening emergencies.

If your child needs emergency care and you are unavailable to give formal consent, this Emergency Consent form can prevent care from being delayed. Complete this form and leave a copy with your babysitter, daycare provider and/or temporary guardian. In case of emergency, please instruct your caregivers to bring the completed form with your child to the hospital.

Child's Full Name _____ Child's Date of birth: _____

Physician: _____ Physician's Phone No.: _____

Address of parent/guardian: _____

Parent/guardian Home Phone No.: _____ Cell: _____

Parent/guardian Employer: _____ Phone: _____

Health Insurance Co.: _____ Member No.: _____ Group No.: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Emergency Contact (other than parent/guardian): _____

Emergency Contact Home Phone No.: _____ Cell: _____

Allergies to Medicine: _____

Allergies to Foods: _____

Current Medications: _____

Current Medical Conditions: _____

Date of Last Tetanus: _____

I hereby give consent for the child listed above to receive all medical and/or surgical treatment in the event of an emergency, accident, injury or sickness. I give authorization for treatment to all medical personnel, including licensed physicians, nurses, technicians, emergency responders and other medical personnel.

Signed (parent/guardian): _____ Date: _____

Print Name: _____ Relationship to Child: _____

Express Care Virtual

Schedule at virtual.providence.org or call 855-229-6460.

Express Care Clinics

Schedule at www.providenceexpresscare.org or call 888-227-3312.

Children's Immediate Care Locations

Tanasbourne Immediate Care

18610 NW Cornell Road, Suite 101, Hillsboro, OR 97124

Phone: 503-216-9360

Gateway Immediate Care

1321 NE 99th Avenue, Suite 100, Portland, OR 97220

Phone: 503-215-9900

Children's Emergency Room Locations

Providence St. Vincent Medical Center

9205 SW Barnes Road, Portland, OR 97225

Phone: 503-216-2361