

## **Emergency Care Authorization**

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby authorize for the person(s) listed to bring my child for medical treatment at Stonebriar Pediatrics:

\_\_\_\_\_

The dates I authorize for person(s) listed above to be able to bring my child for medical treatment:

From: \_\_\_\_\_ Until: \_\_\_\_\_

### **Emergency Care Information**

My child is allergic to the following medications: \_\_\_\_\_

( ) No known drug allergies

Child has the following chronic condition or illness: \_\_\_\_\_

( ) No chronic condition or illness to be reported

Please list any other pertinent information for your child:

\_\_\_\_\_  
\_\_\_\_\_

This is the phone number where I can be reached while away: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_