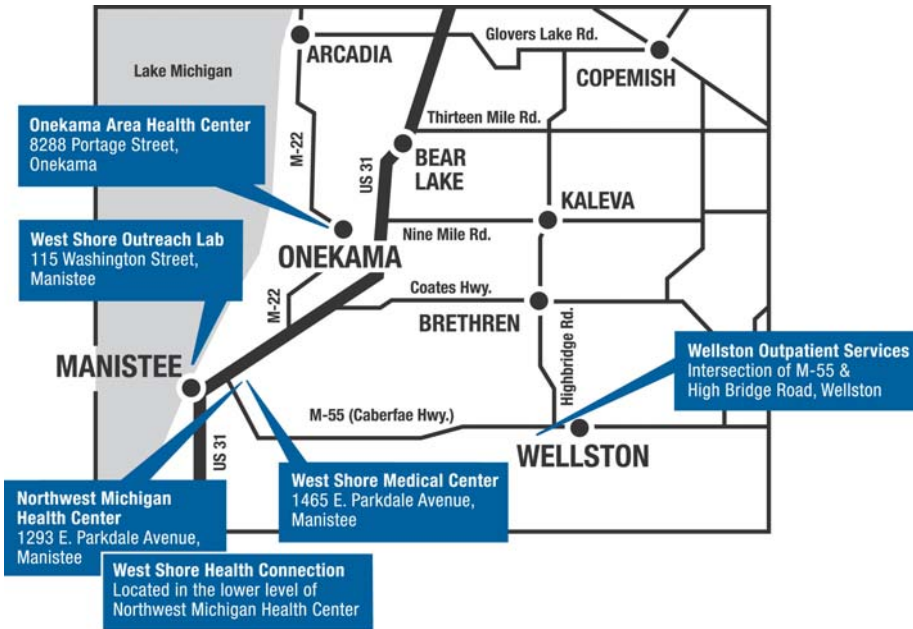
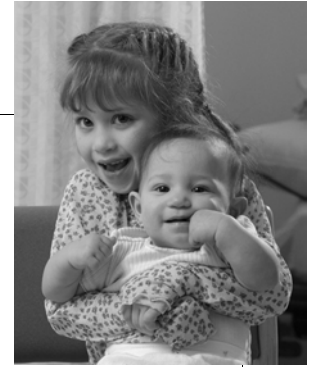


Child Emergency Consent Form



We're here when you need care.

1465 East Parkdale Avenue
Manistee, MI 49660
231.398.1000

www.westshoremedcenter.org



We're here when you need care.

Medical emergencies can happen to your child at anytime and anywhere. If you are going to be away from home, this form allows you to give permission to a relative or other caregiver for emergency treatment at West Shore Medical Center.

Name(s) of child/children:
(Please type or print)

Last First Middle

Last First Middle

Last First Middle

I/we (being the parent or legal guardian of the above listed child/children) _____ grant the individuals listed below the right to act on my/our behalf in authorizing emergency medical treatment.

Name of responsible party Phone number

Name of responsible party Phone number

In the event that neither of these individuals is available, I hereby grant the West Shore Medical Center Emergency Room physician the limited Power of Attorney to act for me/us and to give the required consents and authorizations for the delivery of medical care, diagnoses, and treatment, including surgical intervention, on behalf of my/our minor children listed above. Yes No

Signature of parent/legal guardian Date

Signature of parent/legal guardian Date

Address Phone number

Family physician:_____

Insurance Provider:_____

Insurance Number:_____

Known allergies/significant medical history (list for each child):

1. _____

2. _____

3. _____

Last tetanus immunization (list for each child):

1. _____

2. _____

3. _____

Return completed forms to:

**West Shore Medical Center
Registration Department
1465 East Parkdale Avenue
Manistee, MI 49660
231.398.1000**

Notify those taking care of your child/children about this form and familiarize them with the location of West Shore Medical Center Emergency Department.

This form is valid for one year.