

Medical Consent Form

Child's Name: _____ Date of Birth: _____

Primary Care Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Preferred Medical Care Facility/ Hospital: _____ Phone: _____

Health Insurance Carrier: _____

Name of Insured: _____

Group Number: _____ Policy Number: _____

I hereby authorize the above-named medical care facility and its staff to perform routine procedures and medical treatment and/ or any emergency medical treatment or surgery necessary in the event that my child should need such treatment or surgery and I, the parent or legal guardian, am not available. This authorization is only effective in the event of an illness or injury requiring medical treatment while my child is enrolled in and utilizing the facilities of Discovery Kids.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examinations in the hospital.

I am aware that the above-mentioned child is unable to consent to medical procedures because he/she is a minor.

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation, and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon, or hospital (listed above) necessary for the proper health and well-being of my child. I have provided information on my child's special needs (allergies, diet, disabilities, and / or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.

I consent for my child to take part in developmental screenings/assessments.

I understand that video cameras are in use and recording for safety and security purposes during operating hours.

Parent/Guardian Signature: _____ Date: _____