



54 Nagle Avenue
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212-569-6200
www.ywashhts.org

Parental Medical Authorization for Pediatric-Emergency Medical And/Or Surgical Treatment

Authorization: In case of emergency, I hereby authorize the doctor or the hospital to which my child or children may be brought, (and whomever they may designate as their assistants), to perform any emergency procedure or operation, to give treatment and the administration of anesthetic to my child during his/her stay in the program.

Guardian Name _____ **Guardian Signature** _____

Name of Child: _____ Relation to Child _____

Date of Birth _____ Age: _____ Gender: _____

Address of Child _____

Daytime Phone # _____ Cell # _____

Emergency Contact: _____ Phone# _____

Does the family have medical insurance? Yes _____ No _____

Name of insurance company: _____

Policy Number: _____

1. It is the firm hope that the authorization of this form will never need to be used. For the safety of children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the guardian of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form would be used only where absolutely necessary and only after every attempt has been made to contact the parent/guardian or other emergency contact.
- 2 We find that the doctors and hospitals refuse to provide any treatment, no matter how minor, unless they have authorization from a legal guardian. As you know, time can be a factor to your child when medical attention is needed, and this would assist your child in receiving prompt medical attention.

This authorization form will be kept on file at the Y.