Emergency Information Form
St. Joseph Parish PSR Program

Child: ______________________________ Birth Date: ______________Age: ______

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the PSR authority, when parents cannot be reached.

Part I: To Grant Consent

I hereby give consent for the following medical care providers/local hospital to be called:

Physician: ______________________________ Phone: __________________

Dentist: ______________________________ Phone: __________________

Local Hospital: ______________________________ Emergency #: ____________

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME HAVE BEEN UNSUCCESSFUL. I HEREBY GIVE MY CONSENT FOR (1) THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY THE ABOVE NAMED DOCTORS, OR IN THE EVENT THE DESIGNATED PREFERRED PRACTITIONER IS NOT AVAILABLE, BY ANOTHER LICENSED PHYSICIAN OR DENTIST; AND (2) THE TRANSFER OF THE CHILD TO ANY HOSPITAL REASONABLY ACCESSIBLE.

THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS OR DENTISTS, CONCURRING IN THE NECESSITY FOR SUCH SURGERY, ARE OBTAINED PRIOR TO THE PERFORMANCE OF THE SURGERY.

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY, INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED.

Allergies (please list): ____

Medications (please list): ____

Physical and/or Special Needs: ____

Wears glasses? _____ Uses a hearing aid:? _____ Diabetes? _____ Uses an Epee Pen? _____ Other? ________

______________________________ ______________________________

Official Signature Date Official Signature Date

______________________________ ______________________________

Official Signature Date Official Signature Date

Part II: Refusal to Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I will the Parish PSR authorities to take the following steps: ____

____

______________________________ ______________________________

Official Signature Date Official Signature Date