

PacificQuest 2010

Consent to Emergency Treatment Authorization Form



If I cannot be reached to make arrangement for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for Aimee Wyrick/PacificQuest to obtain whatever treatment may be deemed necessary for:

Child's Name: _____ D.O.B. _____

When there is a medical emergency or when a child needs immediate medical treatment, Aimee Wyrick of PacificQuest, will take all reasonable steps to see that the child receives adequate medical care. When appropriate, I will call 911 and the parent(s). If the parents cannot be reached I will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment.

Name: _____ Phone: _____

Name: _____ Phone: _____

If the parent(s) and authorized person(s) cannot be reached, I will contact the appropriate medical professional listed below. If the child must be taken to the hospital, every effort will be made to take the child to the closest hospital, listed below. If, under the circumstances, it is more reasonable to take the child to another hospital, I will do so. In the situation where the parents or person authorized to give permission for medical treatment cannot be reached, the parent authorizes the doctor on duty to provide the appropriate medical treatment.

Name of Doctor:	Phone Number:
Address:	
Name of Dentist:	Phone Number:
Address:	
Name of Hospital: ST. HELENA HOSPITAL	Phone Number: (707) 963-3611
Address: 10 WOODLAND ROAD, SAINT HELENA, CA 94574	

Name of Insurance Company:	Billing Address
Phone Number	Policy / Group Number

The insurance information will be used for emergency medical treatment. Aimee Wyrick/PacificQuest is not responsible for the payment of emergency medical treatment.

Parent Signature	Date
Parent Signature	Date

