

APPOINTMENT OF AGENT

(AUTHORIZATION FOR EMERGENCY CARE)

I hereby appoint _____ of lawful age as my agent and
(name of appointee)
representative for the purpose of authorizing and consenting to hospital care and/or
medical and dental care and treatment of _____
(name of person to be treated)
For any illness or injury that may occur while such person is in the care or custody of the
agent between the dates of _____, 20__ and _____, 20__.
While I am away on vacation, or otherwise not immediately available to give consent.

INFORMATION FOR EMERGENCY ROOM:

Child's Birthdate _____
Child's Physician _____ Phone # _____
Child's Dentist _____ Phone # _____
Drug Allergies _____
Last Tetanus Toxoid _____
Hospital Preference _____
Dated this _____ day of _____, 20__

(Parent or Guardian)

Witness: _____