

**Anthem Church Mother's Day Out
2018-2019**

Child's Name _____

Preferred Physician _____

Medications and allergies _____

Please attach your child's immunization history to this form (your pediatrician will have these records if yours are missing or outdated).

Authorization for Emergency Care to Minor

I/We the undersigned, parents or legal guardians of _____, (minor's name) born _____ (date of birth) do hereby authorize any X-ray, examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the state of Oklahoma and hospital service that may be rendered to said minor under the general, specific, or special consent of Anthem Church Mother's Day Out the temporary custodian of the minor: whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the state of Oklahoma. I/We authorize the physician or dentist to call in any necessary consultants, in his/their discretion. We further authorize said physician or dentist to exercise his/their discretion in authorizing the disposal of any severed tissues or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who may have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment. I/we authorize Anthem Church Mother's Day Out to transport the above-named minor to any medical facility and/or call my family physician.

This consent shall remain effective until 6:00 p.m. on the 31st day of May 2019 unless sooner revoked in writing, delivered to said physician or dentist or said persons entrusted with the custody, care and control of said minor child or children.

Date _____

Father _____ Mother _____

(or) Legal Guardian _____