



**My Little Waiting Room™
at Providence St. Vincent Medical Center
Operated by Volunteers of America® Oregon**

Emergency Consent Form

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To help us protect your child, please complete this form. In the event of a medical emergency, this form will accompany your child to the hospital so that medical treatment can be rendered.

I/We hereby authorize **My Little Waiting Room** to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence until: _____.

My Little Waiting Room, has permission to call an ambulance or take my child/children to an available physical or medical treatment facility. All cost will be the parents' responsibility.

Child's Name: _____
Chronic Illnesses: _____
Allergies: _____
Current Medications: _____

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Parent/Guardian Signature: _____ Date: _____

*******Optional Area To Fill Out*******

Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Health Insurance Co: _____
Member Number: _____ Group Number: _____

