



Kids Habitat II

5138 Thunderhill Road, Columbia, Maryland 21045
410-744-0123
www.kidshabitatii.com

AUTHORIZATION FOR EMERGENCY TREATMENT

PLEASE PRINT

I, _____, hereby authorize any Shady Grove Hospital Center Emergency, Department physician and/or any member of the Shady Grove Hospital Center medical staff requested by the emergency medical physician to render medical treatment, which in his/her judgment may be deemed necessary in the care of _____ for the period

(Name of Child Dependent) of _____ to _____.

(Beginning Date) (Ending Date)

Child's Allergies (if any): _____

Child's Physician: _____

Telephone No.: _____

Family Physician: _____

Telephone No.: _____

Medications Child is taking: _____

Date of Last Tetanus Shot: _____

Outstanding Medical History (ex., Diabetes, Heart Disease)

Medical Insurance Company: _____

Identification /Policy No. _____

Subscriber's Name & Telephone Number: _____

On this day of: _____

(Signature of Parent/Guardian) _____ Date

* Recommended for verification of authenticity Parents or guardians, not the hospital, are responsible for maintaining this consent form.