☐ *Tuality Community Hospital* Hillsboro, Oregon

☐ *Tuality Forest Grove Hospital* Forest Grove, Oregon

Patient Identification

AUTHORIZATION TO TREAT A CHILD

We provide this form to help ensure that your children will receive timely medical attention should a health problem arise while they are in the care of another adult. By filling out this form, you can authorize your children's daycare provider, baby sitter or another adult to consent to medical treatment for the child if you cannot be reached. Your care provider/authorized adult should keep this form.

As a parent or legal guardian of the following children: (first and last names and ages)

Child #1 _____ Child # 2 _____ Child #3 _____

I hereby authorize: _____
(Name of other adult who cares for child)

Address _____ Phone _____

who is 18 years of age or older, to consent to any medical or surgical treatment of the above children which such person considers advisable if a parent or legal guardian cannot reasonably be located when the children are brought for treatment.

The above authorization will be effective as of: _____ and will expire after _____
(effective for one year from date of signing)

During this period the parent or legal guardian of the above children will usually be at the following location(s): _____

Signature: _____ or _____
(mother/guardian) (father/guardian)

Home address of parent or guardian: _____

Phone number of parent or guardian: _____

Family Physician: _____ Phone number: _____

Parent or guardian's employer: _____ Phone number: _____

Health insurance company: _____ Group Number: _____

MEDICAL HISTORY

	Child #1	Child #2	Child #3
Name of Child:			
Chronic Illnesses			
Allergies:			
Current Medications:			
Date of Last D.P.T. Immunization:			
Other:			

For additional authorization forms, please call Tuality Community Hospital, 681-1182 or Tuality Forest Grove Hospital, 357-7161.