

Valley Medical Care
1801 Salmon Creek Lane
Juneau, AK 99801
Phone: (907)586-2434 Fax: (907)586-2446

**Parent/Guardian
Emergency Care Consent**

This authorizes _____ to give permission to
(name of child-care provider)

any doctor, nurse or hospital to provide emergency medical or surgical care for

_____, _____ in the event that I
(child's name printed) (date of birth)

cannot be contacted immediately. It is understood that a conscientious effort will

be made to locate me, or other legal guardian _____,
(Name)

_____, before any action will be taken. I understand my obligation
(Phone number)

to keep my child-care provider informed of my whereabouts. I will assume the
cost of necessary medical or surgical care.

My emergency telephone number

Other legal guardian telephone number

Name of parent/guardian (printed): _____

Signature of parent or legal guardian

Date

Witness

Date

Expiration Date