

**PARENTAL PRE-AUTHORIZATION
FOR MEDICAL CARE TO CHILDREN**

It is understood that the risk of injury is inherent in any work environment despite the existence of adequate safety procedures and equipment. This documents your pre-approval/disapproval to provide emergency medical treatment to your child (under the age of 18) should it become necessary while he/she is in duty status as an employee of the Department of Commerce or while participating as a student volunteer. **(Please check the appropriate space below).**

I request and authorize emergency medical care to be provided to my child as deemed appropriate by emergency medical personnel, a physician, or the medical facility providing treatment. I understand that reasonable efforts will be made to contact me at the time of the accident or illness. However, treatment should not be postponed due to my unavailability. (This pre-authorization will remain in effect until your child reaches the age of 18, employment or volunteer service with the Department of Commerce is terminated, or you rescind it in writing.)

I DO NOT authorize emergency medical care to be provided to my child without first contacting me at the time of the accident or illness. I understand that by not pre-authorizing medical care there may be a delay in the treatment of my child, with consequences that cannot be foreseen.

Required Information: (Please type or print)

Name of Child	_____
Date of Birth	_____
Name of Parent or Guardian	_____
Address	_____
Home Phone	_____
Work Phone	_____
Cell Phone (if applicable)	_____
E-mail address (if applicable)	_____
My child is allergic to	_____
Other medical conditions	_____
My child is taking the following medication(s)	_____
Signature of Parent or Guardian	_____
Relationship to child	_____
Date	_____

FOR AGENCY USE

Organizational location of employee	_____
Name of supervisor	_____
Telephone number of supervisor	_____