

Medical Consent Form

In case of emergency, PIER Center for Life Enrichment has my consent to authorize medical care for my child/charge listed below:

Adult's name: _____

Adult's primary physician: _____

Physician's address: _____

Physician's phone number: _____

Hospital preference: _____

Current medications: _____

Contact me immediately at: _____

If unable to contact me, please call:

_____ @ _____
Name Telephone

_____ @ _____
Name Telephone

I give The PIER Center for Life Enrichment permission to administer any necessary minor first aid which may include ice, bandage, or over-the-counter medication as indicated:

- _____ Call before any first aid is given
- _____ Administer first aid and then call
- _____ Administer first aid and notify me at pick-up
- _____ Do not administer first aid

I grant permission to give the following over-the-counter medications according to my chosen guidelines above:

- _____ Tylenol _____ Triple antibiotic ointment _____ Ibuprofen
- _____ Topical cortisone

Signed by: _____

Name: _____

Relationship: _____

Date: _____