

# Emergency Medical Consent Form for Babysitters

## Child Information

Full Name

Date of Birth

Address

## Parent/Guardian Information

Full Name

Phone Number

Alternate Contact Name

Alternate Contact Phone

## Medical Information

Allergies

Current Medications

Existing Medical Conditions

Child's Doctor Name

Doctor Phone

Preferred Hospital

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## Insurance Information

Insurance Company

Policy Number

Group Number

## Consent

I hereby authorize the babysitter to seek emergency medical care for my child as deemed necessary in my absence.

Parent/Guardian Signature

Date