

PARENTAL EMERGENCY MEDICAL & DENTAL CONSENT

PICK-UP PERMISSION FORM



Child's Name _____ Date of Birth _____

In the event that my child may require emergency medical, dental, and/or surgical care while I am out of the city or unable to be reached; I hereby give my consent to medical, dental, and/or surgical treatments to the (hospital) Mercy One North Iowa and doctor (name) _____, dentist (name) _____ or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical, dental, and/or treatment for my child as secured or authorized under this consent.

Parents/Legal Guardian/Authorized Pick-Up

Parent Name _____

Address _____

Home Phone _____

Work Place _____ Phone _____

Cell Phone _____

Banking Institution _____

Child's Doctor: _____ Ph. _____

Address _____

Sign-in passcode (6-digits) _____

Parent Name _____

Address _____

Home Phone _____

Work Place _____ Phone _____

Cell Phone _____

Banking Institution _____

Child's Dentist: _____ Ph. _____

Address _____

Hospital Preference Mercy One North Iowa

Please list any registered sex offender(s) associated with your family that may need access to the centers _____
Offenders tier status _____ (Tier 3 offenders are not permitted on Charlie Brown property, all others require written permission).

Person(s) to be contacted in emergency if parents are unavailable and are AUTHORIZED TO PICK UP CHILD.

| NAME | HOME PHONE | WORK PHONE | RELATIONSHIP |
|------|------------|------------|--------------|
|------|------------|------------|--------------|

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Are there any custody or restraining orders for person(s) who may attempt to pick-up or have contact with the child while at the center?
(Court Order required)

Name _____

Medical Information

Medical History _____ On-going Medication _____

Know Allergies _____

Date of last Vision _____ Dental Exam _____ Hearing Screening _____

Insurance Company _____ Policy holder's ID _____

I give permission to take my child's temperature if he/she appears to be ill.

Signature Parent/Guardian _____ Date _____

Signature Parent/Guardian _____ Date _____

Washington
700 N. Washington
Mason City
641-423-6029

Lake Town
7 B S 8th St.
Clear Lake
641-357-7277

West Town
1780 S. Monroe Ave
Mason City
641-424-0065