



2050 Progress Way  
Woodburn, OR 97071  
Phone 503-981-5348 Fax 503-981-0423  
www.woodburnpediatric.com

## PATIENT'S EMERGENCY CONSENT FORM

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

**CONSENT:** This form is only valid for **urgent same-day appointments.** (This does not include well child/physical exams or follow-up appointments.) This consent authorizes the listed people below to bring your child for their same day appointment on your behalf. As well as, be able to give consent for all medical and/or surgical treatment that may be required for your child during your absence. It also authorizes the named individuals to make, change, and/or cancel medical appointments, and pick up forms and prescriptions for the patient.

I hereby authorize the following person/s to give consent:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

I hereby **DECLINE** this consent, not authorizing anyone else to have access to my child's information.

**THIS CONSENT IS VALID FOR 2 YEARS FROM DATE SIGNED, UNLESS REVOKED BY PARENT.**

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_