



BRIGHT LEARNING STARS

Explore, Play, Share & Learn

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129 Vanderbilt St, unit 2, Brooklyn, NY 11218

Contract #: _____

★ EMERGENCY TREATMENT OF MINORS ★

Name of Minor _____

Birth date _____

I, the understand, am one of the parents/guardian of the minor named above. I know that for the following reasons I may not be available to personally authorize medical, dental, surgical care and hospitalization for said minor. Those reasons are:

I hereby give my consent and authorization for any emergency or non-emergency diagnostic procedure, medical, dental, surgical care and hospitalization that any health care provider so determined as advisable, in the best judgement of said health care provider including, but not limited to, any physician, dentist or hospital providing healthcare to the minor.

In my absence, I would like the health care provider to discuss the matter with the persons designated below. I authorize those persons, insofar as the law of New York State permits me to do so, to enter in to the decision, to convey to the provider my consent, and to consent to said treatment.

I hereby authorize the health care provider to discuss in full with those persons designated any medical information that is required to help the input of the persons so designated.

I hereby hold harmless any physician, dentist, hospital or hospital personnel, or other health care provider rendering such care to the minor from any liability resulting from the failure to obtain consent from me as parent of the minor and from any liability resulting from the failure to obtain consent from me as parent/guardian of the minor and from any other person. It is my intent that the person or persons appointed herein shall be able to act in my stead in making such decisions.



I have put the important medical facts, if any, on the reverse side of this document. The medical facts are intended to help a doctor, medical personnel, or other health care provider in deciding what treatment is to be given but is no way intended to restrict the authorization and consent hereby given.

I hereby appoint one person from the following list to be chosen in the order of priority listed when the persons in the prior listings are not reasonably available, willing or competent to participate in the health care decision-making concerning the minor.

Authorized Person(s)

1. Name _____
Home Address _____
Phone _____ Email _____
2. Name _____
Home Address _____
Phone _____ Email _____
3. Name _____
Home Address _____
Phone _____ Email _____
4. Name _____
Home Address _____
Phone _____ Email _____

This authorization exists during the following period of time

Beginning at 12 midnight on: _____ Ending at 12 midnight on _____

(date)

(date)

It is intended that this document shall be presented to the physician, dentist, or appropriate hospital or medical representative at such time that the medical, dental, surgical care or hospitalization shall be authorized.



It is intended that this authorization relieve the physician, dentist, or any health care provider or any hospital or institution in which such care is given from any liability resulting from the failure of me, as parent, or any other person, from signing a consent or authorization to render such care. It is the intent that the person or persons appointed herein shall be able to act in my stead in making decisions.

Allergies _____

Medications _____

Last Tetanus Shot _____

Medical history or other pertinent facts Bright Learning Star should know:

In case of emergencies where we need to contact your child's doctor or dentist, please list their contact information below:

1. Primary physician name _____
Phone _____ Email _____
Official Location _____
2. Primary dentist name _____
Phone _____ Email _____
Official Location _____

Signatures

Parent/Legal guardian signature

Date