



Prince William Lassie League

POTOMAC HOSPITAL

Woodbridge, Virginia



AUTHORIZATION FOR TREATMENT FOR MINORS

(In absence of Parent or Guardian)

I, _____
(Parents / Legal Guardians Names)

Address: _____

_____ Phone: _____

give permission to Officials of the Prince William Lassie League to authorize emergency treatment at Potomac Hospital Emergency Department for my child:

_____	_____	_____	_____
<i>Full Name of Child</i>	<i>Age</i>	<i>Birth Date</i>	<i>Date of Last DPT/TETANUS</i>

This form Valid from APRIL 1, 2010 - JUNE 19, 2010.

Family Physician / Pediatrician: _____

Family Physician / Pediatrician Phone: _____

Please list illness / allergies / routine medication given: _____

Telephone Number where Parents / Legal Guardians can be reached: _____

Name of Insurance Co: _____

Subscriber's Name: _____ Policy No: _____

Employer: _____

Signature of Parents / Legal Guardians:

Date: _____

NOTE: An effort will be made, prior to the use of this form, to contact you should your child require emergency medical treatment.

IF YOU HAVE BEEN CONTACTED BY TELEPHONE OF ILLNESS OR INJURY TO YOUR CHILD, YOU ARE REQUESTED TO CONTACT THE POTOMAC HOSPITAL EMERGENCY DEPARTMENT (703) 670-1363 PRIOR TO LEAVING YOUR HOME OR OFFICE. THIS WILL FACILITATE THE HOSPITAL PROVIDING YOUR CHILD IMMEDIATE CARE.