



**Palm Beach Gardens**  
3365 Burns Rd. Ste 100  
PBG, FL 33410 • (561) 626-4000

**Jupiter**  
270 S. Central Blvd. Ste 104-B  
Jupiter, FL 33458 • (561) 743-9000

**Treasure Coast**  
2676 SW Immanuel Dr.  
Palm City, FL 34990 • (772) 219-4444

[www.mychildrensphysicians.com](http://www.mychildrensphysicians.com)

## KID CARE...

### WHEN YOU CAN'T BE THERE

IN CASE OF AN EMERGENCY INVOLVING A MINOR WHO REQUIRES MEDICAL CARE, OUR STAFF WILL MAKE EVERY EFFORT TO CONTACT THE CHILD'S PARENT OR LEGAL GUARDIAN.

IF YOU PLAN TO BE AWAY FROM YOUR CHILD(REN) FOR VACATION OR BUSINESS TRAVEL, AND YOU'RE CONCERNED ABOUT YOUR ABILITY TO BE REACHED, LEAVE THE FOLLOWING INFORMATION WITH THE PERSON CARING FOR YOUR CHILD(REN). IN AN EMERGENCY, WHEN EVERY MINUTE MATTERS, CLEAR INFORMATION ABOUT A CHILD'S MEDICAL HISTORY AND YOUR DELEGATION OF RESPONSIBILITY WILL HELP IN GETTING YOUR CHILD(REN) ANY NEEDED EMERGENCY SERVICES.

PATIENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD(REN)'S PHYSICIAN'S NAME \_\_\_\_\_

ANY HEALTH CONDITIONS THAT A DOCTOR SHOULD BE AWARE OF: \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_ DATE OF LAST TETANUS SHOT \_\_\_\_\_

I HAVE AUTHORIZED \_\_\_\_\_ OR \_\_\_\_\_ TO

ACT ON MY BEHALF IF MY CHILD(REN) \_\_\_\_\_  
REQUIRES MEDICAL ATTENTION IN MY ABSENCE.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS OR NOTARY

\_\_\_\_\_  
DATE