

PROVIDENCE
PORTLAND MEDICAL CENTER
 4805 N.E. GLISAN
 PORTLAND, OREGON 97213-2967
 PHONE: 503/215-1111

PROVIDENCE
MILWAUKIE HOSPITAL
 10150 S.E. 32ND AVENUE
 MILWAUKIE, OREGON 97222
 PHONE: 503/652-8300

PROVIDENCE
St. VINCENT MEDICAL CENTER
 9205 SOUTHWEST BARNES ROAD
 PORTLAND, OREGON 97225
 PHONE: 503/216-4411

AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF CHILD

As a parent or legal guardian of the following children:

I hereby authorize St. Agatha School NAMES
7960 SE 15th Ave. Portland, OR 97202 ADDRESS 503-234-5500 PHONE NUMBER

who is 18 year of age or older, to consent to any medical or surgical treatment of above children which such person deems advisable if a parent or legal guardian cannot reasonably be located when the children are brought for treatment.

The above authorization will be effective as of: _____ and will expire after _____
 (Total period by law may not exceed six (6) month or twelve (12) months for school administrator.)

During this period the parent or legal guardian of the above children will be at the following location(s):

Signature: _____ or _____
FATHER / GUARDIAN MOTHER / GUARDIAN

Witnessed by: _____

Home Address of Parent or Guardian: _____

Phone Number of Parent or Guardian: _____

Family Physician: _____ Phone Number: _____

Address of Physician: _____

Family Dentist: _____ Phone Number: _____

Address of Dentist: _____

Employer: _____ Phone Number: _____

Health Insurance Company: _____ Group Number: _____

NAME OF CHILD / AGE ▶			
Chronic Illness or Allergies ▶			
Current Medications ▶			
Date of Last D.P.T. Immunizations ▶			
Other: ▶			

Additional forms available from:
 Providence Portland Medical Center, Providence St. Vincent Medical Center, Providence Milwaukie Hospital