



Elim Children's Center Medical Emergency Consent Form

Name of Facility: Elim Children's Center Address: 302 W. Church St/Marshalltown, IA

Name of Child: _____

In the event of an emergency, Elim Children's Center is authorized to obtain Emergency Medical or Dental care even if the facility is unable to immediately make contact with parents/guardians. YES No

Parent/Guardian Signature: _____ Date: _____

During a Medical or Dental emergency Elim Children's Center is authorized to contact the following person when parents/guardians cannot be reached:

Alternate emergency contact -

Name: _____ Phone: _____