

PROVIDENCE MEDICAL CENTER
4805 N.E. GLISAN
PORTLAND, OREGON 97213-2967
PHONE: 503/230-1111

PROVIDENCE MILWAUKIE HOSPITAL
10150 S.E. 32ND AVENUE
MILWAUKIE, OREGON 97222
PHONE: 5031652-6300

ST. VINCENT HOSPITAL AND MEDICAL CTR
9205 SOUTHWEST BARNES ROAD
PORTLAND, OREGON 97225
PHONE: 5031297-4411

AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF CHILD

As a parent or legal guardian of the following children:

X _____

I hereby authorize -All Saints Extended Care

Name

601 NE Cesar E Chavez Avenue, Portland, OR 97232 (503) 314-9398

Address and Phone Number

who is 18 years 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 September 1, 2016 and will expire after June 30, 2017

(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):

X _____

X Signature: _____

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				
Chronic Illnesses or Allergies				
Date of Last D.P.T. Immunizations				
Other				