

**CITY OF PLANTATION  
EMERGENCY MEDICAL TREATMENT AUTHORIZATION FOR  
THOSE UNDER THE AGE OF 18**

I, \_\_\_\_\_, am the (mother, father or legal guardian) of \_\_\_\_\_,  
a minor, of \_\_\_\_\_ (address), in the City of \_\_\_\_\_,  
county of \_\_\_\_\_, State of Florida, who is employed by the City of Plantation.

I give my consent, in the event all reasonable attempts by authorized personnel to contact me at  
\_\_\_\_\_ (phone number), or to contact \_\_\_\_\_ (phone number) have  
been unsuccessful for:

1. The administration of any necessary treatment by a licensed physician or dentist; and,
2. The transfer of the minor to \_\_\_\_\_ (preferred hospital) or any hospital reasonably  
accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed  
physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

The following information is needed by any hospital or practitioner not having access to the minor's medical  
history:

ALLERGIES: \_\_\_\_\_

MEDICATION BEING TAKEN: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

PHYSICAL IMPAIRMENTS: \_\_\_\_\_

OTHER PERTINENT FACTS THAT PHYSICIAN SHOULD BE ALERTED TO: \_\_\_\_\_

\_\_\_\_\_  
FAMILY PHYSICIAN'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
\_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Signature of person taking acknowledgment  
Name of officer taking acknowledgment  
Commission number