

Perry Multi-County Juvenile Facility
AUTHORIZATION FOR EMERGENCY TREATMENT OF MINORS

Child Name		Date of Birth
Custodial Parent/Guardian Name		
Home Address		
Cell Phone ()	Home Phone ()	Work Phone ()

Child's Medical Information:

Allergies: _____

Drug Allergies: _____

Past Illnesses: _____

Regular Medications: _____

Date of last Tetanus (Lock Jaw): _____

Child's Home County Physician: _____

IF THE ABOVE PHYSICIAN IS NOT PMCJF'S MEDICAL PROVIDER, WE CONSENT TO HAVE PMCJF'S MEDICAL PROVIDER OR THE EMERGENCY ROOM PHYSICIAN SEE OUR CHILD: ☐ Yes ☐ No

IF EMERGENCY DENTAL CARE IS NEEDED, WE CONSENT TO HAVE PMCJF'S DENTAL PROVIDER OR THE EMERGENCY ROOM PHYSICIAN TO SEE OUR CHILD: ☐ Yes ☐ No

IF EMERGENCY PSYCHIATRIC CARE IS NEEDED, WE CONSENT TO HAVE PMCJF'S MENTAL HEALTH PROVIDER SEE OUR CHILD. ☐ Yes ☐ No

Parent/Guardian Signature

Date

Questions or clarification contact:

Executive Director: Karen Brown

Perry Multi-County Juvenile Facility

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Phone: 740-342-9700 Fax: 740-342-9701