



The Children's Aid Home Programs of Somerset County Inc.

1476 NORTH CENTER AVENUE P.O. BOX 1195 SOMERSET, PA 15501
(814) 443-1637 or 445-2009 FAX 814-445-8481 www.cahprogram.org

PHYSICAL HEALTH CARE CONSENT

I hereby give my consent to the Children's Aid Home Programs of Somerset County, Inc. presently providing services for my child: _____ to arrange for routine medical and dental care including, but not limited to, necessary immunization, vaccination, testing for TB and periodic medical and dental checkups inclusive of routine diagnostic testing.

I further give my consent to all emergency medical and dental procedures, which are necessary to preserve his/her life or prevent permanent impairment of his/her health in case time does not permit obtaining my personal consent to these procedures.

Parents/Guardians Signature: _____

Address: _____

Date: _____

Witness: _____

Date: _____

Telephone Numbers for Notification

Father: _____

Mother: _____

Agency with Custody – if applicable: _____