

Consent for medical / surgical emergency treatment & medical information form

In presenting my (our) child for diagnosis and treatment	PARENT INFORMATION
Name: _____ MALE () FEMALE ()	Name: _____
Birth Date: _____	Address: _____
<p>I / We, as parents/guardians,</p> <p>----- Name</p> <p>----- Name</p> <p>hereby voluntarily consent to the rendering of such care and medical treatment, including diagnostic procedures and blood transfusions, by authorized prehospital personnel and members of the hospital staff, as may in their professional judgment be necessary or in the best interest of my child.</p> <p>I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.</p> <p>I have read this form and I certify that I understand its contents.</p> <p>In addition, I / we hereby give my (our) consent to:</p> <p>----- Name of Person / Agency</p> <p>who will be caring for my (our) Son / Daughter</p> <p>for the period _____ to _____ to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my (our) child.</p> <p>I / we acknowledge that I am (we are) responsible for all reasonable charges in connection with care and treatment rendered during this period.</p> <p>----- Signature _____ Mother () Father () Legal Guardian ()</p> <p>Date: _____</p> <p>----- Witness: _____</p> <p>Date: _____</p> <p>----- Comments</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>Hospital Preference _____ (if stable)</p>	Emergency Contact Name _____
	Emergency Contact Number _____
	INSURANCE INFORMATION
	Name of Carrier: _____
	Policy # _____
	PHYSICIAN INFORMATION
	Pediatrician _____
	Telephone # _____
	Family Physician: _____
	Telephone # _____
	Surgeon: _____
	Dentist: _____
	Telephone # _____
	MEDICAL PROBLEMS

	Medications _____

	Allergies _____

	Date of last Tetanus Booster _____