



BLUFFTON REGIONAL | DUKES MEMORIAL HOSPITAL
DUPONT HOSPITAL | KOSCIUSKO COMMUNITY HOSPITAL
LUTHERAN HEALTH PHYSICIANS | LUTHERAN HOSPITAL
MEDPARTNERS | THE ORTHOPAEDIC HOSPITAL | REDIMED
REHABILITATION HOSPITAL | ST. JOSEPH HOSPITAL
COMMUNITY MEMORIAL HOSPITAL (an affiliate)

CONSENT FOR MEDICAL TREATMENT



Did you know that, in your absence, no one caring for your children can authorize medical care without your written permission? If you leave your child with a sitter while you are working or traveling, complete this form, have it witnessed and leave it with your caregiver. This will ensure that, in an emergency, your child will receive prompt, necessary medical care even if you are not there. The caregiver should have this form available if a child requires medical treatment without the parent/guardian present.

Make copies of blank form for future use.
Can be used at any healthcare facility.

I (We), (parent/guardian name) and (parent/guardian name)
of (city), (county), (state) do hereby state
that I am (we are) the parent(s) or legal guardian(s) of (name of child),
a minor, age, born on,
who resides with me (us) at (street address),
(city, state, zip)

I (we) authorize (name of caregiver), an adult
over 18 years of age, who resides at (address of caregiver) in the city of
, state of, to consent to any
necessary examination, anesthesia, surgery, treatment and/or hospital care to be rendered to the above-named minor
under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in
the state(s) of

for the period (specific date) to (specific date)

Today's date:

Signature(s) of parent(s) or guardian(s):

Signature line

Witness: Witness:

Parent(s)/guardian(s) contact numbers:

Cell: Other:
Cell: Other:

Child's physician:
Phone:

Allergies (including medications):

Medical Insurance

Insurance name:
Insurance phone:
Policyholder's name:
Identification number:
Group/policy number:

Chronic/existing diseases or medical problems:

Medications:

Date of last tetanus injection or booster: