

What Does Child Consent Mean?

Hospitals are required by law to have consent from a parent or legal guardian in order to render treatment or procedures to children under the age of 18. If a child needs medical care and the parents are not present, the hospital must try to reach the parent before providing care.

Why Should I Fill Out A Child Consent Form?

As a parent, you cannot be with your children at all times. Whenever a child is left in the care of another responsible adult, including a babysitter, or grandparent, you should complete an "Authorization for Consent to Medical Treatment of Minor Child" form. It is important to fill out the consent forms completely. Should medical care be necessary, the appointed adult who is caring for your child must bring the forms to the hospital.

What is the Next Step?

Fill out the child consent form included in this brochure. Keep it on hand and/or provide a copy of it to any any caretaker of your child. Instruct the caretaker to bring the consent form to the hospital in the event your child needs medical assistance.

What if I Need an Additional Child Consent Form?

Additional forms may be obtained from our Out-Patient Registration Dept. or our Emergency Patient Registration Dept., 24 hours a day.

What Other Documentation is Needed Along with the Child Consent Form?

Attach documentation of legal guardianship, i.e. court orders. Also include a photocopy of front and back(s) of insurance card for current information.

I (we) _____
parent/guardian
and _____
parent/guardian
of _____
city county state

hereby state that I am (we are) the natural parent(s), {legal guardian(s)} having legal custody of

child's full name
a minor _____, born _____
age date of birth
who resides with me (us) at _____
street address

I (we) authorize _____, an adult, who resides at _____
city county state

to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor stated above under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of injury or medical need and with the privileges to practice.

Dated this _____ day of _____
date month/year

Child's Physician _____

Child's Allergies _____

Medication Child is taking _____

Important medical history _____

Primary Medical Insurance Carrier _____

Member's Name _____

ID# _____ Group# _____

Signature of parent/guardian(s) _____

Signature of adult witness _____

Expiration date of consent _____