



## 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 form completely. Should medical care be necessary, the appointed adult who is caring for your child must bring the form 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 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 Department or our Emergency Patient Registration Department, 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 of insurance card for current information.

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

\_\_\_\_\_ childs 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, xray, 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(s) of parent/guardian(s) \_\_\_\_\_

Signature of adult witness \_\_\_\_\_

Expiration date of consent \_\_\_\_\_

# Child Consent Form



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