FAMILY DOCTOR:	
Phone:	
MEDICAL INSURANCE CARRIER:	
Identification number:	
Member's name:	
Benefit code:	
Account number:	
MEDICAL HISTORY:	
Allergies, if any, including medications:	
Tetanus (Date of last booster):	
Chronic or existing diseases or medical pro	blems
Chronic or existing diseases or medical pro (Diabetes, epilepsy, etc.):	blems
	blems
	blems

In an emergency, parents or legal guardian can be
reached as follows:

EMERGENCY DEPARTMENTS







Accredited by the Joint Commission

1043S



MedCentral Health System is providing this consent form and medical data questionnaire to help avoid possible delays in obtaining treatment for an ill or injured child.

It is a consent for care of your minor child, who may become ill or injured when you or a legal guardian is not present.

In such a case, a frustrating situation could develop for both the child-patient and those responsible for care or treatment.

Think of these examples:

- * A child is injured while in the care of a babysitter or stepparent and requires medical aid.
 - Neither can be accepted as a "legal" substitute for the parent or guardian.
- * A young adult under age 18, traveling alone, becomes ill and is taken to a hospital for treatment.
 - This minor legally cannot give consent.

To help you and care providers avoid such problems, fill in the information requested and give this folder to whomever will be responsible for your minor children. If care or treatment is needed, they should take it with them to the hospital or doctor.

Please leave specific information as to where you can be contacted at all times, if you do not wish to leave a signed consent.

CONSENT FOR MEDICAL TREATMENT OF A MINOR CHILD

I (We),	(name(s) of parent(s) or		
	(name(s) of parent(s) or	guardian(s))	
of	,(county)	,,	do hereby state that I am
(we are) the parent(s) or	r legal guardian(s) of		,
a minor, age	, born		who resides with
me (us) at	(street addres:		<u> </u>
I (We) authorize	(name of responsible		, an adult,
who resides at	(street address)	,	(city)
	to consen	t to any necessary	examination, anesthetic,
(county)	, to consen		
medical diagnosis, surge	ery or treatment, and/or hospi	ital care to be rend	lered to the above-named
medical diagnosis, surge	ery or treatment, and/or hospi	ital care to be rend	lered to the above-named
medical diagnosis, surgerminor under the general censed to practice medical	ery or treatment, and/or hospid or special supervision and or cine in the state(s) of	ital care to be rend	ered to the above-named physician or surgeon li-
medical diagnosis, surgerminor under the general censed to practice medical	ery or treatment, and/or hospid or special supervision and or cine in the state(s) of	ital care to be rend	ered to the above-named physician or surgeon li-
medical diagnosis, surgerminor under the general censed to practice medical diagnosis.	ery or treatment, and/or hospid or special supervision and or cine in the state(s) ofday of	ital care to be rend in the advice of any 	repercent to the above-named physician or surgeon li-
medical diagnosis, surgerminor under the general censed to practice medical diagnosis.	ery or treatment, and/or hospid or special supervision and or cine in the state(s) of	ital care to be rend in the advice of any 	ered to the above-named physician or surgeon li-
medical diagnosis, surger minor under the general censed to practice medical diagnosis. Dated this	ery or treatment, and/or hospid or special supervision and or cine in the state(s) ofday of	n the advice of any, 20	repercent to the above-named physician or surgeon li-