CONSENT FOR TREATMENT OF MINOR

Complete this form and leave it with the child's caretaker to bring to the Emergency Department.

I (we) the undersigned parents or legal guardians of (patient's name) ______________________________, a minor, do hereby consent and authorize any examination, anesthetic, medical diagnosis, surgery, therapy, treatment and/or hospitalization of my child in the case of an injury or illness that may occur during my (our) absence or unavailability. I agree to pay for all services provided to my child.

☐ Father ☐ Mother ☐ Legal Guardian

Print Name: ______________________________

Sign Name: ______________________________

____
Date & Time

☐ Witness

Print Name: ______________________________

Sign Name: ______________________________

____
Date & Time

PATIENT INFORMATION - (Please Print)

☐ Father ☐ Mother ☐ Legal Guardian: ______________________________

Address: ______________________________ City/State: ______________________________ Zip: ______________

Home Phone: ______________ Work: ______________ Cell: ______________ Other #: ______________

Child's Birthdate: ______________________________

Date of Last Tetanus or DPT: ______________________ Allergies to drugs, foods, latex, etc.: ______________________________

____

Medications/Surgeries/Other Medical History: ______________________________

____

____

Medical Insurance Information:

Company: ______________________________ Policy Holder: ______________________________

Policy/Subscriber #: ______________________________ Group Number: ______________________________

Employer: ____
Name Address Phone

Other Insurance Information: ______________________________

Other Persons to Contact:

Name: ______________________________ Relationship: ______________________________ Cell/Phone: ______________

Form valid 60 calendar days after signature date. Blank forms may be copied for future use. Use one form per child.

1400 West Main Street Bellevue, Ohio 44811

Bellevue	Fremont/Old Fort/Green Springs	Clyde
419.483.4040	419.639.2065	419.547.0074

Form No. 1108 Rev. 7/17