

**Child Preconsent Form**  
**Information for Emergency Treatment**  
*Please use a separate form for each child.*

Accidents or sudden illness involving children and adolescents under 18 can occur at any time and place. Unfortunately, many times parents or guardians are not available to give hospital emergency staff important health information about their child and the legal permission needed to provide the necessary medical treatment.

The attached preconsent form enables healthcare professionals to treat your child for minor emergencies when, and only when, you cannot be notified. The form not only provides permission but also provides valuable health facts about your child. You can also use the form to inform hospital staff about special things that will help comfort your child. **The form should be completed and given to the person responsible for your child during times when you are not available,** including times when your child is going to camp or traveling with someone else.

Of course, if an emergency is life threatening or is one in which the young person might develop complications, treatment would begin immediately, with or without a consent form. Act today and have comfort knowing your child will receive prompt, personalized medical attention no matter where you may be in the event of an emergency.

Last Name of Child: \_\_\_\_\_ First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I, (check one)  Parent  Legal Guardian Signature: \_\_\_\_\_

of (Home Address): \_\_\_\_\_

(City, State, ZIP): \_\_\_\_\_

(Home Phone): \_\_\_\_\_ (Work Phone): \_\_\_\_\_

**authorize healthcare personnel to treat the above named child in an emergency while being cared for by:**

(Name or Names of Caregivers): \_\_\_\_\_

(Name of Child's Physician): \_\_\_\_\_ (Physician's Phone No.): \_\_\_\_\_

Medicines your child is taking now: \_\_\_\_\_

\_\_\_\_\_

Allergies, if any, including medication: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

Chronic or existing diseases or medical problems (diabetes, epilepsy, etc.): \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Member's Name: \_\_\_\_\_

Benefit Code: \_\_\_\_\_ Account: \_\_\_\_\_

Other things that make your child special (pets' names, hobbies, etc.): \_\_\_\_\_

\_\_\_\_\_

*Additional forms are available by calling the hospitals listed on the back panel.*