



Consent for emergency medical treatment of a minor child

Protect your child, even when you are away

The last thing you want to think about is your child needing emergency medical care if you are out of town for work or on vacation. To give you peace of mind, Beacon suggests you plan ahead and appoint a responsible caregiver who can make medical decisions for your minor child in your absence. These arrangements include provisions for prompt emergency medical treatment and care in the event your child is injured or becomes ill.

Unless a child's injuries are life-threatening, physicians and hospital staff need parental or guardian consent to begin treatment. To avoid any unnecessary discomfort for your child while waiting for you to be contacted to approve usual and customary medical treatment, appointing a caregiver means your child can get immediate care.

Simply complete this form – including pertinent data about health insurance coverage and your child's medical history – and give it to the individual who will be responsible for the care of your child while you are away (relative, close friend, etc.). Should your child need immediate medical attention, your appointed caregiver can take the completed form with them to the hospital emergency room, urgent care or physician's office of your choice. In some unusual circumstances, it may still be necessary for the physician to contact you directly.

Remember, a separate consent form is needed for each minor child in your family.



Parental consent for medical treatment of a minor child

Childs name: _____

Childs birth date: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian name: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Second Parent/Guardian name: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Work phone: _____

Cell phone: _____

I (We) the parent(s) or guardian(s) named above, authorize the following adult caregiver to consent to any necessary examination, anesthetic, blood transfusion, medical diagnosis, etc., and/or hospital care to be rendered to the above-named minor child under the general or special supervision and on the advice of a licensed physician. I (We) agree to pay for all services provided to my child in my absence.

Caregiver name: _____

Phone: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Signatures

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Caregiver's signature: _____ Date: _____

Witness: _____ Date: _____

Insurance information

Insurance company: _____

Member name: _____

Insurance policy number: _____

Physician information

Child's physician: _____

Phone: _____

Parent's physician: _____

(list only one in the case of two named parents)

Phone: _____

Medical history

Allergies, including allergies to medication, anesthetic, foods, etc.

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

Medications child is taking (please include dose information)

Vaccines

Date of last Tetanus: _____

Other Vaccines: _____

For more copies of this form, visit: [URL]



Emergency rooms/hospitals

Indiana locations

Memorial Hospital of South Bend

615 N. Michigan St.
South Bend, IN 46601
574.647.1000

Elkhart General Hospital

600 East Blvd.
Elkhart, IN 46514
574.294.2621

Beacon Granger Hospital

3220 Beacon Parkway
Granger, IN 46530
574.647.8788

Community Hospital of Bremen

1020 High Road
Bremen, IN 46506
574.546.8081

Michigan locations

Beacon Allegan

555 Linn St.
Allegan, MI 49010
269.673.8424

Beacon Plainwell

411 Naomi St.
Plainwell, MI 49080
269.685.0700

Beacon Dowagiac

420 W. High St.
Dowagiac, MI 49047
269.782.8681

Beacon Kalamazoo

1521 Gull Road
Kalamazoo, MI 49048
269.226.7000

Three Rivers Health Hospital

701 S. Health Parkway
Three Rivers, MI 49093

Beaconhealthsystem.org