

**FORM C - RETURN WITH FORMS A, B, D, E, F, G**

**ATTENTION**

**PARENTS/LEGAL GUARDIANS**

Did you know that if your child has an accident or illness in your absence - except in the case of injuries which threaten life or limb - patients under the age of 18 years old must have a parent or legal guardian sign a consent form before treatment can be given in a hospital emergency room?

You can save time and the concern of the person to whom you entrust the care of your child should this be necessary during your absence. It is important to include any allergy, illness history and medications that your child is taking as well as the name of the child's physician and last tetanus immunization. The Emergency Department staff at Day Kimball Hospital has devised a consent form for you to use. Just complete the form below and leave it with your Camp. Additional forms are available in the Emergency Department.

**DAY KIMBALL HOSPITAL  
Emergency Department  
PATIENT CONSENT FORM**

**Camper's Full Name** (patient) \_\_\_\_\_ Age \_\_\_\_\_  
Address (home) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Telephone Number (home) \_\_\_\_\_  
Telephone Number (vacation) \_\_\_\_\_  
Name (parent/guardian) \_\_\_\_\_  
Employer (parent/guardian) \_\_\_\_\_  
Health Insurance # \_\_\_\_\_ Health Ins. Carrier \_\_\_\_\_  
Guarantor (person carrying insurance) \_\_\_\_\_  
**If possible, please attach copy of insurance card.**  
Family Medical Doctor \_\_\_\_\_  
Address of Family Medical Doctor \_\_\_\_\_  
Phone # of Family Medical Doctor \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Allergies To Medications \_\_\_\_\_  
Pertinent Medical History \_\_\_\_\_  
Last Tetanus Immunization \_\_\_\_\_

In the event your efforts to reach me are unsuccessful, I, parent or legal guardian, consent to Emergency evaluation, treatment and/or admission to Day Kimball Hospital as determined by the physician in charge of the care of the above named person.

**Expires: 08/12/11**

Dated \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent or Guardian)