

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: 08/13/10

Dated _____ Signature _____
(Parent or Guardian)