

Minor Consent Form

Mercer County Community Hospital suggests that parents with minor children complete this Consent to Treat Minor Form. This gives legal permission to treat your child in case of illness or injury if you cannot accompany your child to the hospital.

The law requires the hospital to receive permission from a child's natural parent or legal guardian before treatment of illness or injury that is not life threatening. If this form does not accompany the person bringing the child in for treatment, the parent must be contacted prior to treatment.

Completed forms should be left with babysitters, relatives, or neighbors. This form MUST be dated and is good for no longer than a 90 day time span.

AUTHORIZATION TO OBTAIN EMERGENCY MEDICAL CARE

CHILD'S NAME _____ **Date of Birth** _____

ALLERGIES _____

DATE OF LAST TETANUS SHOT: _____

MEDICAL CONDITIONS:

CURRENT MEDICATIONS:

Family Physician _____ **Preferred Specialist, if required**

(Orthopedist, Surgeon, Etc.) _____

Patient's Address _____ **Phone Number** _____

City _____ **State** _____ **Zip Code** _____

I hereby grant _____ permission to authorize emergency medical treatment for my above listed children during my absence

FROM _____ **TO** _____.

Parent/Legal Guardian Signature _____

Witness Signature _____

Insurance Name _____

Policy Holder _____

Social Security Number of Policy Holder _____

Group Number _____

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