

PRE-CONSENT FORM FOR TREATMENT OF MINOR

The undersigned parent/guardian of _____
(Name and Age)

in the event that he or she cannot be contacted through reasonable efforts, does hereby empower and grant to

_____, _____,
(Name) (Phone Number)

permission to consent to and authorize medical and hospital care and treatment for my above child/ward.

This authorization shall be valid for the period commencing on _____ and ending _____.

I do hereby indemnify and hold harmless the physicians, hospital, and other persons who act in reliance upon this authorization.

Executed this _____ day of _____, 20__.

Parent Witness

Parent/Guardian Witness

Important Medical Information

Parent/Guardian can be located at the following address/phone number:

Names/Addresses of family doctor, pediatrician, dentist:

Any known allergies:

Blood type:

Date of last Tetanus shot:

Any medicine child currently takes:

Medical problems requiring special attention:

List other important medical information:



PROTECT YOUR CHILDREN WHEN YOU ARE AWAY

Dear Parents:

Pre-consent forms for treatment of children under 18 years of age are available from Oconomowoc Memorial Hospital. The Pre-consent form serves two purposes:

The section entitled "Important Medical Information" asks parents to list the child's allergies, blood type, date of the child's last tetanus shot, medication the child takes, problems that might require special medical attention and other important medical information. Having this information ready and available when your child is brought to the hospital can avoid delays, if emergency treatment is required.

Parents who leave their children in the care of others may wish to complete the other section of the form. Only in a life-threatening emergency may a physician or a hospital begin treating a child under 18 years of age without the written consent of a parent. However, when the parents will be away from their child and difficult to reach, this consent can be transferred to another responsible adult, such as a relative or a neighbor. The policies of some school districts permit staff members to be appointed as responsible adults.

If your child is brought to the hospital by a sitter or relative, you can be reassured every attempt will be made to contact you before treatment begins, even when the Pre-consent form is completed.

Oconomowoc Memorial Hospital suggests you complete Pre-consent forms for each child. The forms should be kept with the person(s) assuming responsibility while you are away. They should not be kept on file with the Emergency Department.

If you do not wish to leave a signed Pre-consent form with those caring for your children, please leave specific information where you can be contacted at all times, and take the time to have your child's important medical information prepared in advance.

Additional copies of the Pre-consent form are available from the hospital's Emergency Department - 569-9119. You can request more forms to list each child's medical information and you can appoint several adults to authorize care.

For your child's health and well-being, and your own peace of mind, fill out a Pre-consent form. It is a vital aid to non-parents involved in an emergency and a blessing for the Emergency Department.