

Creating healthier neighborhoods

Parkview Health's proud heritage as a not-for-profit organization motivates us to reach out and improve the health of our communities in northeast Indiana and northwest Ohio. Our services include:

- Healthcare for those who need medical and financial assistance
- Partnerships with community schools to expand health services to students
- Support for free childhood immunizations
- Community health education programs
- Investments in medical research to help develop innovative treatments



www.parkview.com

FOR YOUR HEALTH

Information for Delegation of Minor Consent

When your child is injured or becomes ill and you can't be there, we'll provide the necessary medical attention.



Dealing with the unexpected

Accidents or sudden illness involving a child or adolescent can occur at any time and place. Unfortunately, parents or guardians are not always immediately available to give hospital emergency staff important health information about their child and the legal permission needed to provide the necessary medical treatment.

Planning ahead in case emergency care is needed

The attached preconsent form enables healthcare professionals to treat your child for minor emergencies when, and only when, you cannot be notified. This form not only provides permission, but also supplies valuable health facts about your child. You can also use the form to inform hospital staff members about approaches they can take to help comfort your child.

Complete this form and give it to the person responsible for your child during times when you are not available, including times when your child is going to camp or traveling with someone else.

Of course, if an emergency is life-threatening, or if the young person might develop complications, treatment would begin immediately, with or without a consent form.

Complete and save this form. You can take comfort in knowing your child will receive prompt, personalized medical attention in the event of an emergency, regardless of whether you can be present.

Child Preconsent Form • Information for Delegation of Minor Consent

Please use a separate form for each child.

Last name of child: _____ First name: _____

Nickname: _____ Date of birth: _____

Today's date: _____

I, (check one) Parent Legal guardian Signature: _____

of (Home address): _____

(City, State, ZIP): _____

(Home phone): _____ (Work phone): _____

consent to any necessary examination, anesthesia, medical diagnosis, surgery or treatment and/or hospital care to be rendered to the above named minor while he/she is being cared for by:

(Name or names of caregivers): _____

(Name of child's physician): _____ (Physician's phone number): _____

Medicines your child is taking now: _____

Allergies, if any, including medication: _____

Date of last tetanus booster: _____

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

Medical insurance carrier: _____

Identification number: _____ Member's name: _____

Benefit code: _____ Account: _____

Topics the healthcare personnel may discuss with your child to put him or her at ease during treatment (hobbies, pets' names, etc.): _____

Witness Signature: _____ Date: _____

Additional copies of this form are available online at www.parkview.com and from any Parkview location. This form should be updated annually and/or if the above information has changed.