

# DAY KIMBALL HOSPITAL

## 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.



**Day Kimball Hospital  
Emergency Department  
PATIENT CONSENT FORM**

Full Name (patient) \_\_\_\_\_ Age \_\_\_\_\_  
Address (home) \_\_\_\_\_ Birthdate \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ Religion \_\_\_\_\_  
Telephone (vacation) \_\_\_\_\_ Auto License# \_\_\_\_\_  
Soc. Sec.# \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
(parent/guardian) \_\_\_\_\_ (child) \_\_\_\_\_  
Employer (parent/guardian) \_\_\_\_\_  
Health Ins. # \_\_\_\_\_  
Automobile Ins. (agency name) \_\_\_\_\_  
Guarantor (person carrying insurance) \_\_\_\_\_  
Family Medical Doctor \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Allergies to Medication \_\_\_\_\_  
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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Expires \_\_\_\_\_