

700 Children's Drive Columbus, Ohio 43205-2696 nationwidechildrens.org

CONSENT FOR EMERGENCY CARE

It is best that children are brought to the Emergency Department by a parent or legal guardian. However, there may be times when someone else takes care of your child. That person may be a baby-sitter, teacher, or family member. If your child must be brought to the Nationwide Children's Hospital Emergency Department, we need a signed consent form to provide medical care.

This consent form allows the person you choose to seek medical treatment for your child when you are unable to come with the child. The person you name must be 18 years of age or older.

HOW TO USE THIS CONSENT FORM

- 1. Complete all the information below and on page 2 of this form. Use a separate form for each child.
- 2. Sign and date the form, and have an adult witness your signature. The person who will accompany your child can be the witness of your signature.
- 3. Give the completed form to the person you have chosen. The person must bring the consent form with your child to the Nationwide Children's Hospital Emergency Department.
- 4. Be sure to tell the person coming with your child to get the doctor's and nurse's instructions **in writing** before leaving the Emergency Department. If you have questions about the instructions given, be sure to call the Emergency Department.

I, (parent, legal guardian)accompany my child,	, cannot			
(child's name), to Nationwide Children's Hospital Emergency Department.				
I therefore give permission to (person's name) to accompany my child.				
This person has my permission to give consent for medical treatment of my child if attempts to contact me are unsuccessful.				
Date				
(Signature of parent or legal guardian)	(Signature of witness - 18 years of age or older)			
Address				
Phone(Home)(Work)				

MEDICAL INFORMATION

List the following information about your child.

Name of Child:

La	st Name	Fi	rst Name	MI
•	Birth Date:	Social	Security Number:	
•	Your child's doctor:		Doctor's phone number	:
•	Allergies:			
•	Allergies to medicines:			
•	Chronic (long-term) ill	nesses or c	onditions:	
•	Emergency Department visits (list dates and reasons for visits):			
•	Hospitalizations at Nationwide Children's Hospital and other hospital (list dates and reasons for admissions):			
•	Medication(s) child is	taking:		
•	Immunizations (shots) c	hild has ha	d:	
•	Other information:			