

Helping Hand™

Designation of Another Person to Consent for Medical Care

It is best that children are brought for medical treatment by a parent or legal guardian. However, there may be times when someone other than you takes care of your child. That person may be a baby-sitter, teacher or family member. If your child must be seen at a Nationwide Children's Hospital facility during these times, we need the person who brings your child to be able to sign a consent form for Nationwide Children's to provide medical care.

This form allows the person you choose to seek medical treatment and sign consent 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 Form

- 1. Ask for or make several copies of this form.
- 2. Complete all the information on pages 2 and 3 of this form. Use a separate form for each child.
- 3. 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, but it can also be someone else.
- 4. Give the completed form to the person you have chosen. Have the person bring this form and shot records when he or she brings your child to Nationwide Children's. Please fill out a separate form for each person who may bring your child.
- 5. This form is kept in your child's chart, but the person you have chosen should still bring a copy of the form with them.
- 6. By checking the appropriate box below, you can choose to have this form be valid until you revoke it or only during a designated time period.
- 7. If you have a need to revoke this form, please complete the information required on page 4.
- 8. Be sure to tell the person who comes with your child to get the doctor's and nurse's instructions in writing before leaving Nationwide Children's. If you have questions about the instructions, be sure to call the doctor or nurse.

HH-36 11/11, Revised 6/13

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I, (parent/legal guardian)	, cannot accompany my child, (child's
name), to 1	Nationwide Children's Hospital. Therefore, I give
	as follows (check <u>one</u>):
	seek medical treatment (including any type of consent for such treatment if attempts to contact
	seek medical treatment (including any type of de consent for such treatment without having to
Expiration of Permission (check <u>one</u>):	
☐ This form will remain in effect until revok	ed by filling out the form on page 4.
☐ This form is VALID ONLY during the fo	ollowing timeframe:
Effective date: / Expiration d	
X	
(Signature of parent or legal guardian)	(Date and time signed-required)
X	
(Signature of witness – 18 years of age or older)	(Date and time signed-required)
Address	
Home Phone	Work Phone

	Hospital Use Only	
st the following information about your child:		
Name of Child: Last Name	First Name	MI
Birth Date:		
Allergies:		
Allergies to medicines:		
Hospitalizations at Nationwide Children's Hosfor admissions):		-
-		
for admissions):		

NOTICE TO REVOKE "DESIGNATION OF ANOTHER PERSON TO **CONSENT FOR MEDICAL CARE" FORM** I, (parent/legal guardian) ______, am the parent of (child's name) ______. Please immediately revoke prior permission for (person's name) ______ to consent for medical care of my child. (Signature of parent or legal guardian) (Date and time signed-required) X (Signature of witness – 18 years of age or older) (Date and time signed-required) Address Home Phone Work Phone **Hospital Use Only** Revoked by (staff name):

In order to process your Notice to Revoke, please bring this form with you to your next visit or fax it to Health Information Management at (614)355-0797. Thank you.