

Designation of Another Person to Consent for Treatment

It is best that children are brought for 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 care.

This form allows the person you choose to seek 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.

I, (parent/legal guardian) _____, cannot accompany my child, (child's name) _____, to Nationwide Children's Hospital. Therefore, I give permission to (person's name) _____ as follows (check one):

I give permission for this person to seek treatment (including any type of procedure, surgery, spinal tap, diagnostic test, mental health care, etc.) and provide consent for such treatment if attempts to contact me are unsuccessful.

I give permission for this person to seek treatment (including any type of procedure, surgery, or spinal tap) and provide consent for such treatment without having to contact me.

Expiration of Permission (check one):

This form will remain in effect until revoked by filling out the form on page 4.

This form is VALID ONLY during the following timeframe:

Effective date: _____ / Expiration date: _____

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 _____

**NOTICE TO REVOKE “DESIGNATION OF ANOTHER PERSON TO
CONSENT FOR TREATMENT” FORM**

I, (parent/legal guardian) _____, am the parent of (child’s name)
_____. Please immediately revoke prior permission for
(person’s name) _____ to consent for treatment of my
child.

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

Revoked by (staff name): _____

Date: _____

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.