Suburban
Pediatric Associates

Consent for Treatment of a Minor

Date: _____

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and surgical treatment of this minor in the event that such treatment becomes necessary. I grant my permission for treatment in a licensed hospital by a licensed physician and the physician's assistants and designees, including such hospital personnel as the physician may deem necessary. I understand that hospital personnel will make reasonable attempts to contact me before initiating treatment. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. The minor named in this consent form may receive all treatment provided according to generally accepted standards of medical practice with the following limitations (if none, write "NONE"): _____

My consent is effective for the following time period: From _____ To _____

Signature of Parent or Legal Guardian: _____

Parent/Legal Guardian
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Father/Legal Guardian's Workplace
Name: _____
Name of Workplace: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Mother/Legal Guardian's Workplace
Name: _____
Name of Workplace: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Other Contact Person
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Preferred Hospital
Name: _____
Location: _____

Medical Insurance Carrier
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Identification Number: _____
Name of Insured: _____

Family Doctor
Name: _____
Phone Number: _____

Preferred Surgeon
Name: _____
Phone Number: _____

Medical History
Allergies to Medication: _____
_____

Chronic or Existing Medical Conditions and Problems (e.g. diabetes, epilepsy): _____
_____

Medications Child is Now Taking: _____
_____

If parent or legal guardian is out of town, list where and when he/she can be reached (list dates, times, locations and phone numbers):
_____
_____