

## Parental Consent Form

Protecting your children while you travel means more than getting a sitter or family relative to watch them. To be absolutely safe, you should provide written authorization for a responsible adult to approve any necessary emergency medical treatment for your children. The same holds true when your children travel without you.

Unless a child's injuries are life-threatening, hospital personnel and physicians cannot treat him or her without legal parental or guardian consent. As a result your child may suffer unnecessary discomfort while waiting for you to be reached to approve stitching a cut or setting a broken arm.

Each time you or your child goes out of town without one another, complete the form on the right and provide the information requested on the back. A *separate dated consent form is necessary each time you leave town*. Please ask the adult you have designated on the consent form to keep it handy. It should be taken to the hospital or doctor's office if a child requires medical treatment.

Blank forms may be duplicated for personal use.

## Children's Hospital of Illinois

Children's Hospital of Illinois is driven by a mission to provide integrated, comprehensive, pediatric healthcare to children from birth to 18 years of age in Illinois. As a premier children's healthcare system, we address the spiritual, emotional, and physical needs of the pediatric patients based on these three principles:

- Children are unique and have special needs,
- A child's illness affects the entire family,
- Childhood illness interferes with normal childhood growth and development.

Our goal is to ensure Children's Hospital of Illinois meets not only the needs of its very special patients, but those of their families as well. In an effort to do this and provide your child the very best service, we have adopted the following consent form for your convenience.

For questions about this and/or other child advocacy issues, contact Children's Hospital of Illinois Advocacy Center at 1-877-277-6543.



[www.childrenshospitalofil.org](http://www.childrenshospitalofil.org)



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Peoria, Illinois 61637



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PARENTS' GUIDE TO:

## Medical Consent Form



Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Insurance:** \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Identification/Policy number: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Medical History:**

Allergies (including medications allergies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chronic or existing diseases or medical problems (e.g. asthma, diabetes, epilepsy)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medicines your child is taking now:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date your child last received Tetanus injection or booster

\_\_\_\_\_  
\_\_\_\_\_

**In an emergency, parent(s) or guardian(s) may be reached at:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## Consent for Medical Treatment of a Minor Child

I, (We), \_\_\_\_\_ and \_\_\_\_\_  
(name) (name)

of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ do hereby  
(city) (county) (state)

state that I am (we are) the parent(s) or legal guardian (s) of: \_\_\_\_\_  
(name)

\_\_\_\_\_, a minor, age \_\_\_\_\_,  
(name)

born on \_\_\_\_\_ who resides with me (us) at  
(date)

\_\_\_\_\_  
(street address, city, state)

I (we) authorize \_\_\_\_\_  
(name)

an adult over 18 years of age, who resides at \_\_\_\_\_  
(address)

in the city of \_\_\_\_\_, state of \_\_\_\_\_  
(city) (state)

to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state(s) of \_\_\_\_\_

\_\_\_\_\_

for the period from \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature(s) of parent(s) or guardians(s):

\_\_\_\_\_  
Signature(s) of parent(s) or guardian(s)

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_