

**In good hands**

You've provided excellent care for your children while you're away, but if an unfortunate accident occurs, it's a good idea to make sure their health is taken care of, too.

Community Hospital Anderson has provided this form for you to fill out ahead of time, and if needed, you grant us permission to provide medical assistance to your child in your absence.

Be sure to complete a separate form for each child. Provide copies of the form to every person responsible for the care of your child. Remember to send a copy along with your child to camp or other travels.

In some medical or surgical situations, the Emergency Department physician may require direct parental consent before performing procedures.

**Consent for medical treatment**

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_

I (we) \_\_\_\_\_  
parent/guardian

grant permission for Community Hospital Anderson and any of its entities to provide medical care as deemed necessary to the above named dependent while being cared

for by \_\_\_\_\_  
name

effective from \_\_\_\_\_  
date

through \_\_\_\_\_  
date

Signature \_\_\_\_\_  
Parent/guardian

Insurance company \_\_\_\_\_

I.D. (policy) number \_\_\_\_\_

Family physician \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Please list any chronic or existing medical conditions (i.e., hemophilia, epilepsy, diabetes)

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

Recent shots and vaccines

Tetanus/date \_\_\_\_\_

DPT/date \_\_\_\_\_

Other/date \_\_\_\_\_

Current daily medications \_\_\_\_\_

\_\_\_\_\_

Blood type

O

A

B

AB

Positive

Negative

Known allergies

None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency contact information**

Mother \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Father \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

If unable to reach the above listed, please contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

**Community Hospital Anderson**

1515 N. Madison Ave.

Anderson, IN 46011

Emergency Department: 765-298-5141

Switchboard: 765-298-4242