

**Consent for: Medical/Surgical Care/ Emergency Treatment  
And Child's medical information**

In presenting my son/daughter for diagnosis and treatment

I/We,(name and relation to  
child)

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for name/child's date of birth:

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Hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgement to be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.

I have read this form and I certify that I understand it contents.

We/I hereby give our (my) consent to:

name of person/agency

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Who will be caring for our (my) child

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for the period \_\_\_\_\_ to \_\_\_\_\_ to arrange for routine or emergency medical/ dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name/address/telephone #:

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Employer/address/phone #:

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Family Physician & # :

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Pediatrician & #:

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Surgeon & #:

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Orthopedist :

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Child's Allergies, if any:

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Date of last tetanus booster:

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Medicines child is taking :

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Insurance Carrier :

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Group #

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Agreement #

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in case of emergency I can be reached at:

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After filling it out have the signature/date , witnessed/dated and notarized:

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