If you are going to be away from your children, you want to make all the necessary provisions for their care. To help with these arrangements, Logansport Memorial Hospital provides this consent form and medical information questionnaire. This form will be very important, should your child become ill or injured while you are away.

If you have a caregiver for your child (i.e. babysitter, or daycare), make sure you have completed this form for the caregiver.

The same is true if your child is leaving home without you—like going away to camp, participating in an out-of-town sporting event, or traveling with someone other than yourself. The information you provide in advance will be helpful—maybe even required—to give your child **prompt medical** attention if he or she needs it.

## Next Steps:

- 1) Fill out the form as completely as possible for each of your children.
- Give the completed form to the person or persons responsible for your children. Make sure the form is placed in a safe, accessible spot.
- If medical care is necessary, the caregiver should take the consent form with the child to the hospital or doctor.

Additional copies of this form are also available in your provider's office. The hospital website also has a version available for download on any of these pages:

- http://www.logansportmemorial.org/familymedicine/
- http://www.logansportmemorial.org/pediatrics/
- <a href="http://www.logansportmemorial.org/patients/">http://www.logansportmemorial.org/patients/</a>

Logansport Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish) — ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (574) 753-7541 or 1 (800) 243-4512.

်ကြဟန်း (Burmese) — သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1 (574) 753-7541 or 1 (800) 243-4512 သို့ ခေါ် ဆိုပါ။

## Consent for Medical Treatment of Minors





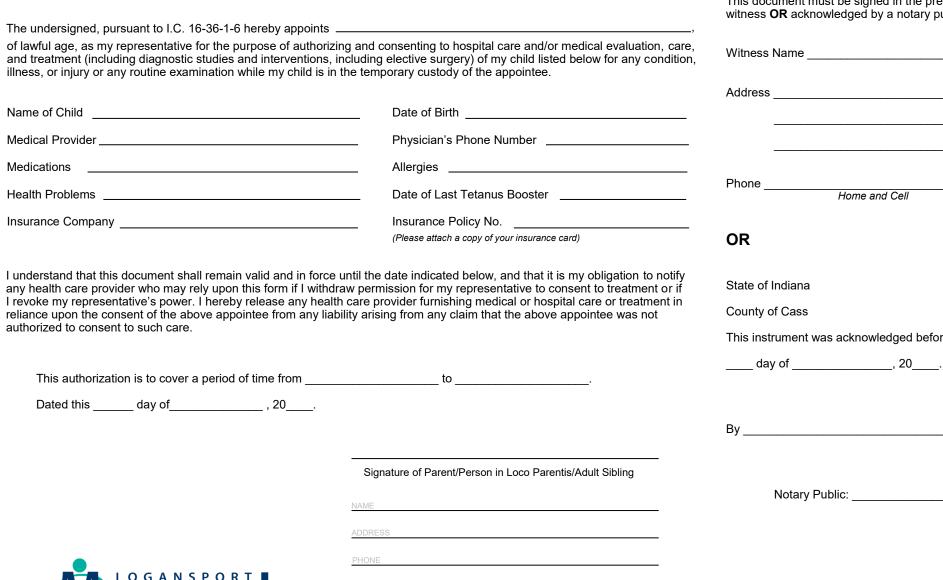


1101 Michigan Avenue Logansport, IN 46947

LogansportMemorial.org

## **Appointment of Health Care Representative for Child**

(This document does not preclude any other authorized person from consenting to medical care for the child identified below, including any natural parent—including the parent signing below—or other authorized person.)





This document must be signed in the presence of a witness **OR** acknowledged by a notary public.

Witness Name
A.1.
Address
Phone
Home and Cell

This instrument was acknowledged before me on this

Notary Public:



Name/Address/Phone/Email of Parent Person in Loco Parentis/Adult Sibling