

Medical Information

Family Physician or Pediatrician:

Name: _____

Phone Number: _____

Your Child's Information:

Allergies—

Chronic or existing diseases or medical problems (i.e. diabetes, epilepsy)—

Medicines your child is taking now—

Medical Insurance Carrier

Please fill out the information below, or attach a copy of your current insurance card to this form.

Company Name: _____

Group or ID Number: _____

Member's Name: _____

Birth Date: _____

Member's Social Security Number: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

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**.

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

Consent for Medical Treatment of Minors



1101 Michigan Avenue
Logansport, IN 46947

LogansportMemorial.org

Consent Form for Medical Treatment of Minors

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.
- 2) Give the completed form to the person or persons responsible for your children. Make sure the form is placed in a safe, accessible spot.
- 3) 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—in Family Medicine and in Pediatrics. The hospital website also has a version available for download here:

- <http://www.logansportmemorial.org/pages/Family-Medicine/>
- <http://www.logansportmemorial.org/pages/Pediatrics/>
- <http://www.logansportmemorial.org/pages/Patients/>

I _____
(Name of Parent/Legal Guardian)
of _____, _____, _____,
(City) (State) (Phone Number)

do hereby state that I am the parent or legally-appointed guardian of
_____, a minor born on _____
(Name of Child) (Month) (Day) (Year)

who resides with me at _____
(Street Address)

I do hereby authorize _____, an adult who resides at
(Caregiver Name)

(Street Address)

in _____, _____, _____,
(City) (State) (Phone Number)

to consent to any reasonably necessary examination or treatment, including anesthesia, surgery and hospital care, to be rendered to the above-named minor on the recommendation and supervision of any physician or surgeon licensed to practice medicine by any state.

Dates Consent in Effect: _____
(Month, Days, Year) **only valid for dates written above**

(Parent/Legal Guardian Signature) (Date)

(Witness Signature) *must be a person outside of immediate household* (Date)