

PARENTAL CONSENT FORM



For those times when you cannot be with your children, Gibson General Hospital is pleased to provide this consent form and medical data questionnaire. This information will be extremely valuable should your child become ill or injured when you are away from home.

You should give this completed form to a responsible adult over the age of 18 for authorization of any emergency medical treatment your child might require. This consent form can also be used for a child going away to camp, or traveling with someone other than yourself.

How the Consent Form Works

Make a photocopy of the completed form for yourself and give the original to the person who will be responsible for your child in your absence. If emergency care becomes necessary, that person can take this form with him or her to the hospital or to the physician.

A new form needs to be completed each time you are away from your child. In addition, a separate consent form is needed for each child in your family.

It is our genuine wish that this form will never be put to use; however, should this become necessary, we know that you will be pleased that you did everything possible to see that your child was cared for quickly and efficiently.

Delegation of a Parent's Authority to Consent to Healthcare of Minor Child (Please Type or Print)

I (We) _____ as parent(s) of
Parent Name(s)
_____, my/our minor child who is under my/our care, custody
Child Name

and control, voluntarily delegate my/our legal authority to consent to healthcare on behalf of such child to

_____, whose telephone number and address are:
Responsible Adult Name

Mailing Address Telephone Number

This delegation is made in accordance with I.C. 16-36-1, subject to the following terms and conditions (if any):

This delegation is to be exercised in good faith and in my/our child's best interest. This delegation is to be effective on the following date: _____ up to and including _____,
Starting Date Ending Date
the period of time during which I/we will not be reasonably available to make such decisions for my/our child.

I, (we) **DO DO NOT** (circle one) hereby authorize the delegate named herein to delegate this healthcare decision-making authority to another.

Dated this _____ day of _____, _____
Date Month Year

Signature of parent _____ Signature of parent _____

I declare that I am an adult at least eighteen (18) years of age and that at the request of the above-named parent making this delegation, I witnessed the signing of this document by the parent on the date noted above.

Signature of Witness

Printed Name

Address

Telephone Number

Primary Insurance: _____ Billing Address: _____

Member Name: _____ Employer: _____

Member Identification Number or Social Security Number: _____

Policy Number: _____ Group Number _____ Effective Date _____

Secondary Insurance: _____ Billing Address: _____

Member Name: _____ Employer: _____

Member Identification Number or Social Security Number: _____

Policy Number: _____ Group Number _____ Effective Date _____

Medical History

Allergies, if any, including medication allergies: _____

Chronic or existing diseases or medical problems (diabetes, epilepsy, etc.) _____

Medicines your child is now taking: _____

Date of last Tetanus injection or booster: _____

Child's physician: _____
Name Telephone Number

IN CASE OF AN EMERGENCY, I (WE) MAY BE REACHED AT:

Name _____

Address _____, _____, _____
Street City State or Country

Telephone _____

Dates I (we) will be there _____

IN CASE OF AN EMERGENCY, I (WE) MAY BE REACHED AT:

Name _____

Address _____, _____, _____
Street City State or Country

Telephone _____

Dates I (we) will be there _____

Permission is granted to photocopy this form. Additional copies may also be obtained by calling Gibson General Hospital Community & Public Relations (812) 385-9297, by emailing publicinterest@gibsongeneral.com, and on the hospital's website – www.gibsongeneral.com.

