

**MINOR CONSENT FORM**

Fort Wayne Pediatrics suggests that parents with minor children complete this Consent to Treat Minor Form. This gives legal permission to treat your child in case of illness or injury if you cannot accompany your child to the hospital.

The law requires the hospital to receive permission from a child's natural parent or legal guardian before treatment if illness or injury that is not life threatening. If this form does not accompany the person bringing the child in for treatment, the parent must be contacted prior to treatment.

Completed forms should be left with babysitters, relatives or neighbors. This form **MUST** be dated and is good for no longer than a 90-day time span.

**AUTHORIZATION TO OBTAIN EMERGENCY MEDICAL CARE**

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Date of Last Tetanus Shot:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Preferred Specialist (Orthopedist, surgeon, etc)** \_\_\_\_\_

**Patient's Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**I hereby grant** \_\_\_\_\_  
**permission to authorize emergency medical treatment for my above**  
**listed child during my absence FROM** \_\_\_\_\_ **TO** \_\_\_\_\_.

**Parent/Legal Guardian Signature** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

**Insurance Name** \_\_\_\_\_ **Policyholder** \_\_\_\_\_

**Social Security Number/Policy #** \_\_\_\_\_

**Group #** \_\_\_\_\_