



**LOURDES
HOSPITAL**
Binghamton, New York

AUTHORIZATION

to consent to medical treatment
for minor child

If your child needs medical treatment, you as parent must give permission.

If you can't be reached immediately, treatment can be given without your permission only in very serious cases. Otherwise, your child can't be treated until your consent is gained, which may cause unnecessary delays as well as some anxious moments for your child.

This form allows for the medical treatment of your child if you can't be reached. Whether you are on vacation or simply out shopping, this form is indispensable if you ever place your child in the care of a babysitter, relatives, or friends.

One form needs to be completed for each child. By filling out the following information and leaving it with your babysitter, your hospital, or your doctor, you can help get ready for those emergencies when every moment counts.

Child's Name, Last Name First (One Card Per Child) — Please Print Plainly

Birthdate

(I) (We), the undersigned, parent(s) of _____, a minor, do hereby authorize
(insert names of three persons over 21 years of age):

(1) _____ Address _____ City _____ Phone _____

(2) _____ Address _____ City _____ Phone _____

(3) _____ Address _____ City _____ Phone _____

as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of a duly licensed physician, whether such diagnosis or treatment is rendered in the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. It is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising the action.

Dated: _____ Special Medical Information: _____

Medications _____ Last Tetanus Booster _____ Allergies _____
(Use back of this consent form for additional information)

Parent(s) or Legal Guardian: _____ Doctor(s): _____
(Please use ink-written signature —complete name — DO NOT PRINT)

Address: _____ City: _____ Doctor's Phone: _____

Home Phone: _____ Business Phone: _____ Witness: _____
(Person over 21 years of age)

This form is provided as a service by Lourdes Hospital. It gives authorization for treatment of a minor if the parent cannot be reached. It is important to have it on file with your babysitter and/or physician and hospital, not only during vacation times, but if you are ever away from your child and cannot be reached.