



Child Medical Consent Form

Cameron Memorial Community Hospital
416 East Maumee Street
Angola, IN 46703
260.665.2141 www.cameronmch.com

In order to avoid delays in treatment of an ill or injured child when their parent(s) is/are not present, this form should be completed by the parent(s) or legal guardian(s) for each child under the age of 18. Give this to the person(s) who will be responsible for your minor children. If care or treatment is needed, they can take it with them to the hospital or doctor.

I (We) _____ and _____ of
parent/guardian parent/guardian
_____, _____, _____, do
city county state

hereby state that I am (we are) the natural parent(s), (legal guardian), having custody of

_____, a minor, _____, born _____,
child's full name age birth date

who resides with me (us) at _____.
street address

I (We) authorize _____, an adult, who
resides at _____,
city county state

consent to any necessary examination, x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor stated above under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of injury or medical need and with privileges to practice.

Dated this _____ day of _____,
date month year

Child's Information

Child's physician _____

Choice of specialists _____

Child's allergies (if any) _____

Medication child is taking _____

Important medical history _____

Medical insurance carrier _____ Identification number _____

Member's name _____

Pre-authorization phone number _____

Secondary insurance _____ Identification number _____

Please include photocopy of front and back of insurance cards(s).

Phone numbers where parents can be reached

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Parental/Guardian Authorization

Signature of parent/guardian(s) _____

Signature of adult witness _____

Expiration date of consent _____

If applicable, please attach documentation of legal guardianship (i.e. court orders).