

Parental Consent Form

Protecting your children while you travel means more than getting a babysitter or a relative to watch them. To be safe, you should provide written authorization for a responsible adult to approve any necessary emergency medical treatment for your children when you are traveling without them or your children are traveling without you.

Unless a child's injuries are life-threatening, hospital personnel and physicians cannot treat them without legal parental or guardian consent. As a result, your child may suffer unnecessary discomfort while waiting for you to be reached to approve stitching a cut or setting a broken arm.

Each time you or your child goes out of town without one another, complete the form and provide the information requested on the inside. A separate dated consent form is necessary each time you leave town. Please ask the adult you have designated on the consent form to keep it ready and available. It should be taken to the hospital or doctor's office if a child requires medical treatment. Blank forms may be duplicated for personal use.

Children's Hospital of Illinois

Children's Hospital of Illinois is driven by a Mission to provide integrated, comprehensive, pediatric health care to children from birth to 18 years of age in Illinois. As a premier children's health care facility, we address the spiritual, emotional and physical needs of our pediatric patients based on three principles:

- Children are unique and have special needs
- A child's illness affects the entire family
- Childhood illness interferes with normal childhood growth and development

Our goal is to ensure Children's Hospital of Illinois meets not only the needs of our patients, but their families as well. In an effort to do this and provide your child the best care, we have adopted the following consent form for your convenience.



For questions about medical consent forms or other child advocacy issues, contact Children's Hospital of Illinois Advocacy Center at (877) 277-6543.



530 NE Glen Oak Ave., Peoria, Illinois 61637
childrenshospitalofillinois.org



Parents' Guide to: Medical Consent Forms



Information Request

Family doctor: _____

Phone: _____

Medical Insurance

Insurance carrier: _____

Identification/policy number: _____

Member's name: _____

Account number: _____

Medical History

Allergies (including medication allergies):

Chronic or existing diseases or medical problems
(e.g. asthma, diabetes, epilepsy):

Medicines your child is currently taking:

Date your child last received Tetanus injection or booster:

**In an emergency, parent(s) or guardian(s)
may be reached at:**

Name: _____

Phone: _____

Address: _____

Consent for Medical Treatment of a Minor Child

I, _____
(parent(s) or guardian(s) name(s))

(street address, city, state)

give permission to _____
(name(s))

(street address, city, state)

to take temporary care of the following child, _____
(name and date of birth)

This power of temporary authority begins on _____
(date)

and remains effective through _____
(date – this authority can remain effective for up to 1 year)

The above-named caretaker(s) have the following powers:

1. The power to seek appropriate medical treatment or attention on behalf of the child as required by the circumstances, including but not limited to medical doctor or hospital visits
2. The power to receive medical information
3. The power to authorize medical treatment or medical procedures in an emergent situation
4. The power to _____

Date and time: _____

Signature: _____
(parent(s) or legal guardian(s))

Printed name: _____
(parent(s) or legal guardian(s))

Witness: _____
(office personnel or notary)