

Plan Ahead

Dear Parent/Guardian:

When you are away from your children, accidents or illnesses can happen. Completion of the *Consent Form for Emergency Treatment of a Minor* allows the person caring for your child to authorize urgent/emergent medical treatment.

The completed consent form should be given to the person caring for your child. When caregivers are given the completed consent form, remind them to bring it along when seeking medical attention for your child.

Agnesian HealthCare cares about you and your children. Professional, close-to-home care is available for your immediate medical needs 24 hours a day. For information about Emergency Services, call (920) 926-4600 for St. Agnes Hospital or (920) 324-5581 for Waupun Memorial Hospital.

NOTE: This Emergency Consent form may also be helpful to have on file for elderly relatives or dependent adult children.

Consent Form for Emergency Treatment of a Minor

I, _____
do hereby authorize any hospital emergency facility, and/or licensed physician and medical personnel to perform such diagnostic and emergency treatment as deemed urgent and emergently advisable on/to my child.

Name: _____ Age: _____ Birthdate: _____

For the period including: date: _____ to date: _____.

In my absence, the following person is authorized by me to sign for medical treatment only:

Name: _____ Telephone #: _____ Relationship: _____

1. Allergies (foods, drugs, other); _____

2. Has your child received all his/her up-to-date shots? _____

3. Last Tetanus shot (dates): _____

4. Prior illness: list and date: _____

5. Medications: prescriptions and over-the-counter: _____

6. Prior surgeries: list and date: _____

7. Healthcare provider's name: _____ Telephone #: _____

Orthopedic physician preference: _____ Telephone #: _____

Surgeon preference: _____ Telephone #: _____

Dentist's name: _____ Telephone #: _____

Eye doctor's name: _____ Telephone #: _____

Insurance Information

Name of company:

Name of insured:

Policy number: (photocopy of insurance card is optional)

In case of an emergency, I can be reached at:

Name: _____

Telephone #: _____

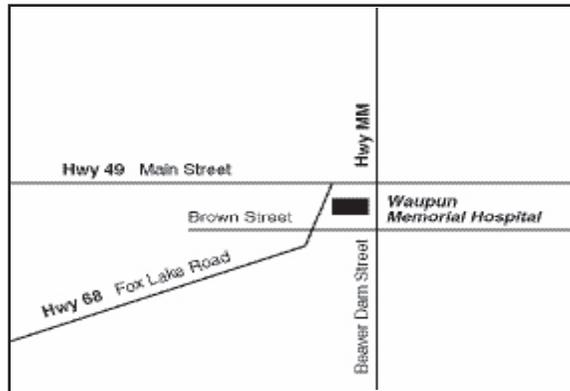
Relationship: _____

Signature of Parent or Legal Guardian:

Signature of Notary or witness other than parent:



St. Agnes Hospital is located at
430 E. Division Street, Fond du Lac, Wisconsin.



Waupun Memorial Hospital is located at
620 W. Brown Street, Waupun, Wisconsin.

Agnesian HealthCare Cares for Kids

Parental Consent Form for Emergency Treatment of a Minor



430 E. Division Street • Fond du Lac, WI 54935
620 W. Brown Street • Waupun, WI 53963

Emergency Department
(920) 926-4600 • (920) 324-5581