HOSPITAL MEDICAL INFORMATION

Attention Parents/Legal Guardians

Did you know that if your child has an accident or illness in your absence, except in cases of injuries which threaten life or limb, patients under 18 years of age must have a parent or legal guardian sign a consent form before treatment can be given in a hospital emergency room? You can save time and the concern of the person to whom you entrust the care of your child by completing and signing an authorization for examination and treatment of your child should this be necessary during your absence. It is important to include any allergy, illness history and medications that your child is taking as well as the name of the child's physician and last tetanus immunization. The emergency department staff at Day Kimball Hospital has devised a consent form for you to use. Just complete the form below and leave it with your sitter. Additional forms are available in the emergency department.

DAY KIMBALL HOSPITAL
EMERGENCY DEPARTMENT
PATIENT CONSENT FORM

FULL NAME (PATIENT): _____ AGE: _____

ADDRESS(HOME): _____ D.O.B.: _____

TELEPHONE #: _____ RELIGION: _____

PHONE # (VACATION): _____ PHONE# (WORK): _____

SOCIAL SECURITY # (PARENT OR GUARDIAN): _____ AUTO LICENSE: _____

CHILD'S SOCIAL SECURITY #: _____

NAME (PARENT OR GUARDIAN): _____

EMPLOYER (PARENT OR GUARDIAN): _____

EMPLOYER ADDRESS: _____

GUARANTOR (NAME OF PERSON CARRYING INSURANCE): _____

FAMILY MEDICAL DOCTOR: _____

CURENT MEDICATIONS: _____

_____

ALLERGIES TO MEDICATIONS: _____

_____

PERTINENT MEDICAL HISTORY: _____

_____

LAST TETANUS IMMUNIZATION: _____

In the event your efforts to reach me are unsuccessful, I, parent or legal guardian consent to Emergency evaluation, treatment and/or admission to Day Kimball Hospital as determined by physician in charge of the care of the above named person.

DATED: _____ SIGNATURE: _____

CONSENT EXPIRES: _____

IT IS VITAL THAT YOU COMPLETE THE ABOVE FORM IN ITS ENTIRETY. PLEASE LIST ANY AND ALL ALLERGIES, MEDICAL CONDITIONS THAT THE STAFF OF THE CAMP SHOULD BE AWARE OF.

An additional Medical Authorization form must be completed if child is to receive any medication during program hours. This includes epi-pens, inhalers and other prescriptions and over-the-counter medications. Please download the forms from our website at www.thompsonrec.org or call 860-923-9440.