

If the parent or legal guardian will be out of town, list where he or she can be reached:

From \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

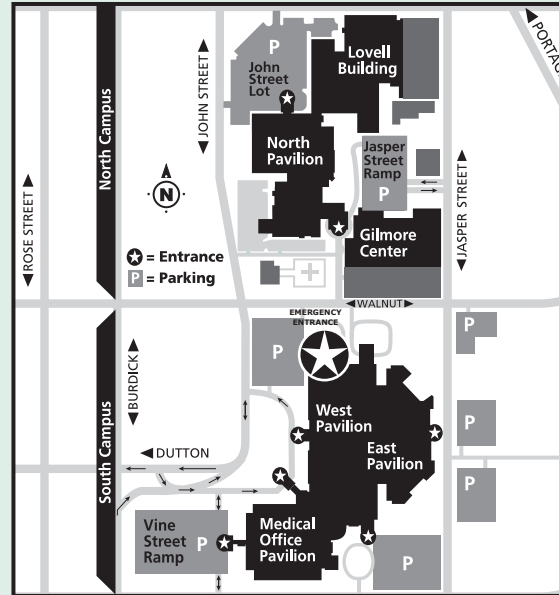
Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

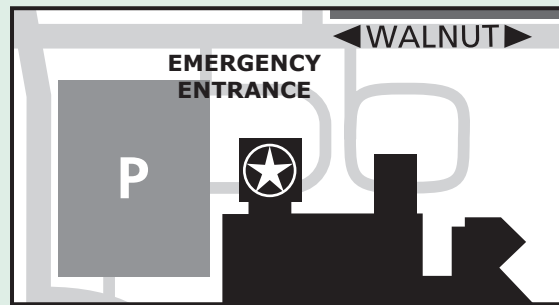
From \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

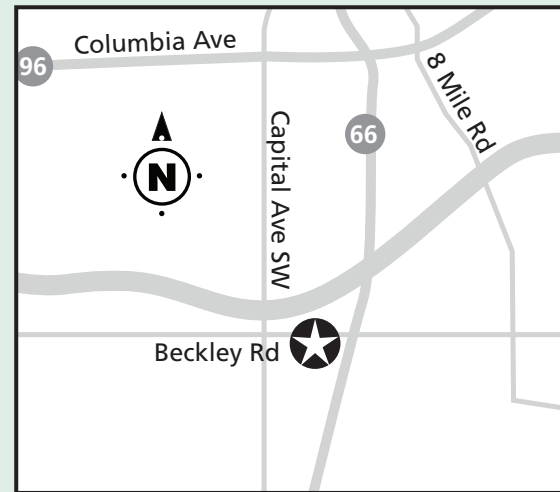
Phone #: \_\_\_\_\_



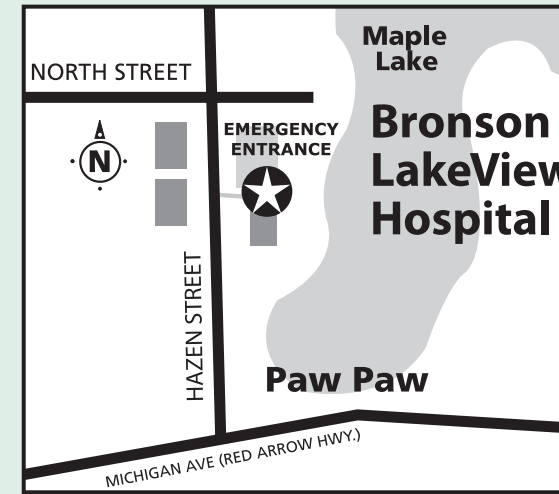
**Bronson Battle Creek Hospital**  
300 North Ave.  
Battle Creek, MI 49017  
(269) 245-8000



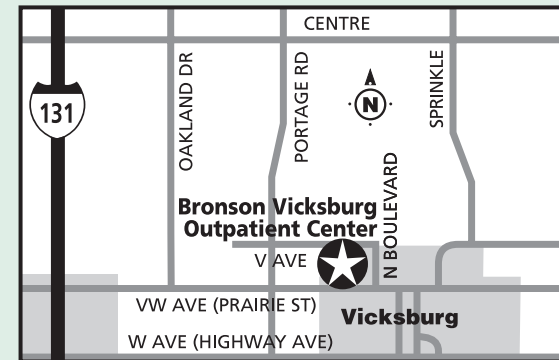
**Bronson Methodist Hospital**  
601 John St.  
Kalamazoo, MI 49007  
(269) 341-7654



**Bronson Battle Creek Outpatient Center  
– Beckley Road Urgent Care**  
5352 Beckley Road  
Battle Creek, MI 49015  
(269) 979-6888



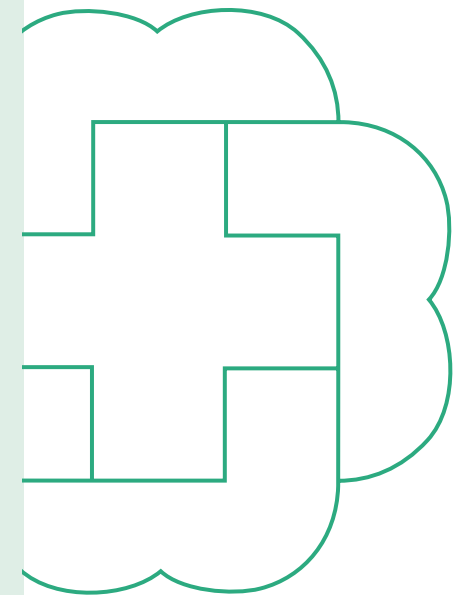
**Bronson LakeView Hospital**  
408 Hazen St.  
Paw Paw, MI 49079  
(269) 657-1475



**Bronson Vicksburg Outpatient Center**  
13326 N. Blvd.  
Vicksburg, MI 49097  
(269) 649-9107

[bronsonhealth.com](http://bronsonhealth.com)

# Emergency Medical Care Consent For A Minor



## Anytime, Anywhere

Medical emergencies can happen to your child anytime, anywhere — at school, at daycare, when you're away from home, or when your child is staying with someone else. There is an important way you can make sure your child will get quick treatment when you're not there. It's called an Emergency Medical Care Consent.

## It's All Here

Bronson is pleased to offer you this form. This lets you give your permission for hospital emergency care when you are not there. Complete the section titled Consent for Treatment of a Minor. Leave the form with anyone taking care of your children. This could include a friend, family, babysitter or your daycare.

You will need to complete a form for each of your children. The information should always be kept current. This form provides information so you can be found quickly when there is an emergency. It also includes medical information about your child. This information is important because the person taking care of your child may not know about medicine your child is taking, allergies to medicines, or special health problems. With this form, needed information is all in one place.

## In Case of Emergency

In a medical emergency, quick action is important. Make sure the person taking care of your child keeps the completed form in a place where it is easy to find. Also, make sure that person understands that this form should be taken to the emergency room along with your child.

## Don't Wait

Take time now to look over the consent form and begin gathering the information you need. You may want to call your doctor's office to check on some of the details. Your form should be kept current and easily available. This way it will be ready to use the next time you need to leave town or leave your child under the care of others.

## It's Nice to Be Sure

Once you have given the completed consent form to the person taking care of your child, you have done everything you can to ensure quick and proper medical care during an emergency. When the form is given at a hospital emergency room, treatment can begin right away without waiting for you.

## If You Have Other Questions

If you need more information, call Bronson HealthAnswers at (269) 341-7723 or (800) 451-6310. We will be happy to give you more emergency care consent forms and information about Bronson Children's Hospital and Bronson Trauma and Emergency Services.



# Consent for Treatment of a Minor

Today's Date: \_\_\_\_\_ Minor DOB: \_\_\_\_\_

I, \_\_\_\_\_  
being the *parent or legal guardian of*

\_\_\_\_\_ give my consent for emergency medical and surgical treatment of this minor in the event that such treatment is needed. I give permission for treatment in a licensed hospital by a licensed doctor and hospital personnel the doctor may need. I understand that hospital personnel will try to contact me before starting treatment. I am aware that the practice of medicine is not an exact science. No guarantees can be made concerning the results of treatment. The minor named in this consent may receive all treatment provided according to generally accepted standards of medical practice with the following limitations (if none, write "NONE"):

My consent is effective for the following time period: From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Address (of parent or legal guardian)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

X \_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of Witness

X \_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Witness

X \_\_\_\_\_  
Signature of Witness

### Parent or Legal Guardian's Workplace:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

### Parent or Legal Guardian's Workplace:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

### Family Doctor or Healthcare Provider:

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Preferred Hospital:

\_\_\_\_\_  
Name Phone Number

### Other Contact Person:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

### Medical Insurance Carrier:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Identification Number

\_\_\_\_\_  
Name of Insured

### Medical History:

Allergies to medicine, if any:

\_\_\_\_\_  
Chronic or existing medical conditions and problems (such as diabetes, epilepsy):

\_\_\_\_\_  
Date of last Tetanus: \_\_\_\_\_

\_\_\_\_\_  
List any medicine your child is now taking:

\_\_\_\_\_  
(Continued on back)