Emergency Treatment

Authorization for Minors

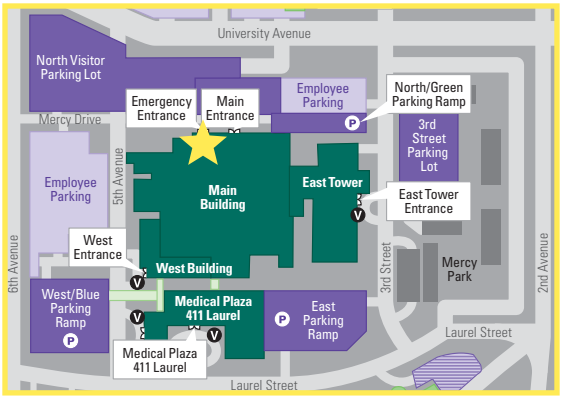
Mercy Children's Hospital & Clinics

In the event you are not with your child when an emergency situation occurs, you should know that your child cannot receive treatment without your consent. When leaving your child in the care of others, a signed release form will help your child avoid an unnecessary delay of treatment. Neither grandparents, neighbors, brothers nor sisters can authorize medical care for your child. **Your written consent is *required* before your youngster can receive emergency treatment.** However, if a physician feels immediate care is necessary to prevent death or serious injury, treatment will begin.

To ensure immediate medical attention for your child in your absence, complete the information on the back of this brochure and leave it with your child's caregiver.

What to do in a medical emergency:

1. Dial 911 if an ambulance is needed.
2. Call your family physician for emergency circumstances if time allows.
3. Go immediately to the Pediatric Emergency Department at Mercy Medical Center – Mercy Children's Hospital and Clinics or the closest hospital of your choice.



Mercy Medical Center , 1111 6th Ave., Des Moines

Medical History

Child's physician: _____

Phone: _____

Date of last tetanus: _____

Child's allergies: _____

_____

_____

Medications taken regularly (include dosage information): _____

_____

_____

_____

Chronic illness/medical problems/prior hospitalization: _____

_____

_____

Additional instructions: _____

_____

_____

_____

Authorization

As the parent and/or guardian, I authorize medical treatment by a physician in the event of an emergency. This authorization is granted only after a reasonable effort has been made to reach me.

Child's name: _____ Date of birth: _____

Child's home address: _____

City: _____ State: _____ Zip: _____

Signature (parent or legal guardian) _____ Date: _____

Relationship to child: _____

Home phone: _____ Alternate phone: _____

Parent's home address: ☐ Same as childs _____

City: _____ State: _____ Zip: _____

Insurance Company: _____ Policy #/Group #: _____

OR

Medicaid #: _____ State: _____

Mercy Children's Hospital & Clinics

www.mercydesmoines.org/childrenscenter

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