

**BE  
PREPARED  
FOR**

# "MINOR" EMERGENCIES

**TIPTON  
HOSPITAL**  
*Where you matter more.™*

Fill out a Minor Consent Form for your child and keep it in an accessible place.  
The Consent Form allows us to treat your child in your absence.



To obtain copies of this Minor Consent Form,  
call Tipton Hospital at (765) 675-8512.

If you are going to be away from your children, you want to make all the necessary provisions for their care. To help with these arrangements, Tipton Hospital provides this Minor Consent Form and Medical Information Questionnaire. This form could be very important should your child become ill or injured while you are away.

The same is true if your child is leaving home without you – going away to camp,

participating in an out-of-town event, or traveling with someone other than yourself. The information you provide in advance will be helpful – maybe even required – to give your child prompt medical attention if he or she needs it.

If you are a caregiver for your grandchildren or other children, make sure you have completed up-to-date forms for each child.

**First,** Fill out the form as completely as possible – one for each child.

**Next,** Give the completed form to the person or persons responsible for your child. Make sure the form(s) are placed in a safe, but accessible place.

**Then,** If medical care is necessary, the caregiver should take the consent form with them to the hospital or doctor.

To obtain additional copies of this Minor Consent form, call Tipton Hospital at (765) 675-8512.

Fill out this form and bring to the hospital if treatment is necessary.

## CONSENT FORM FOR MEDICAL TREATMENT OF A MINOR CHILD

I(We) \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_  
Name Name City/Town

\_\_\_\_\_ County, Indiana, state that I am (we are) the parent(s) or legally appointed guardian(s)  
County

of \_\_\_\_\_ a minor, born on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ and I (we) do hereby appoint  
Child's Name

\_\_\_\_\_ of \_\_\_\_\_  
Name City/Town County

Indiana, to consent to any reasonably necessary examination or treatment, including anesthesia, surgical, and hospital care to be rendered to the above-named minor on the recommendation and supervision of any physician or surgeon licensed to practice medicine by any state.

Date \_\_\_\_\_ 20 \_\_\_\_\_  
Parent/Guardian Signature Parent/Guardian Signature

## MEDICAL INFORMATION

FAMILY DOCTOR \_\_\_\_\_

PHONE \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Chronic or existing diseases or medical problems

(eg: diabetes, epilepsy, etc.): \_\_\_\_\_

Medicines your child is now taking: \_\_\_\_\_

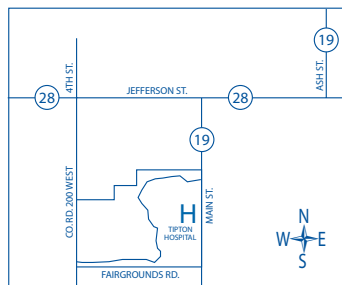
In an emergency, parent(s) or guardian(s) can be reached at:

( \_\_\_\_\_ ) \_\_\_\_\_

## MEDICAL INSURANCE

ID Number: \_\_\_\_\_ Account No.: \_\_\_\_\_

Member's Name: \_\_\_\_\_



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[www.tiptonhospital.org](http://www.tiptonhospital.org)