

## 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:

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Name of insured:

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Policy number: (photocopy of insurance card is optional)

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

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Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature of Parent or Legal Guardian:

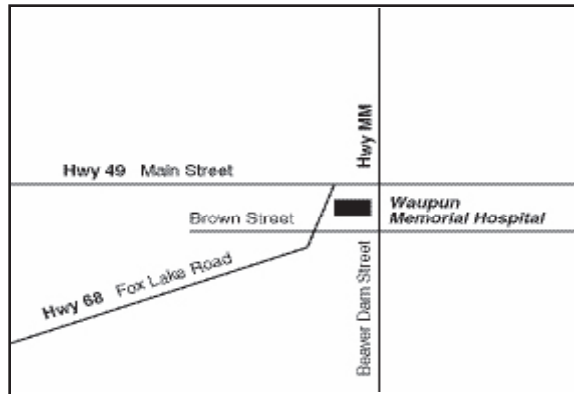
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Signature of Notary or witness other than parent:

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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**