



Emergency Department

1995 East State Street

Salem, Ohio 44460

(330) 332-7166

www.salemregional.com

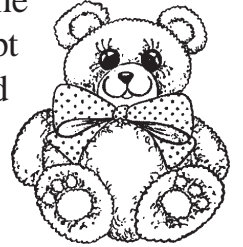
PATIENT CONSENT FOR TREATMENT FORM

*Have you made sure your
children can receive
medical care, even if
you aren't around?*

To help be sure that your children will receive prompt medical attention if you ever leave them with relatives or with a baby sitter for the evening, use the attached "Consent for Treatment" form. The bearer of this form will be considered the authorized party to approve treatment for the minor, unless specified below. Any child under age 18 is considered a minor.



Completely fill out the form and leave it with the person who will be responsible for your child. This form is to be presented to medical personnel in the event treatment is required to help make sure your child receives prompt medical attention. One form is to be filled out for each child and dated to cover the specified period of time you will be gone. Unless a specific date is indicated, the form will be in effect for one year following the date the consent was signed.



For additional forms, please call Salem Regional Medical Center at (330) 332-7227.

CONSENT FOR TREATMENT OF A MINOR

I (we) the undersigned parent(s) or legal guardian(s) of _____ a minor, authorize treatment and/or any hospitalization that is necessary in the case of accident or illness of my (our) child by a licensed medical physician

I (we) understand that this consent authorization is given in advance of any specific diagnosis or hospital care being required in order to provide authority for a licensed physician to render any and all diagnosis, treatment, or hospital care deemed advisable by the physician attending my (our) child in case of an accident or injury.

This consent form will remain in effect until _____ (date)

Father, Mother or Legal Guardian (please print)

Relationship

Street Address, City, State, Zip

Telephone: Home _____
Work _____

Signature

Date

Child's Birth Date

Last DPT, DT or Tetanus Booster

Allergies to food or drugs: _____

Special medications, food type, or pertinent information: _____