



Permission to Treat without Parent/Guardian Accompanying Child

The Children's Medical Center of Dayton must receive permission from a child's parent or legal guardian before providing treatment for an injury or illness that is non-life threatening. This form gives Dayton Children's legal permission to treat your child in case you cannot accompany your child to the hospital for treatment. If this information is not presented by the party accompanying your child (baby-sitter, relative, friend), Dayton Children's will contact the child's parent or legal guardian before treating your child.

Child's name _____ Date of birth _____

Father's name _____ Home telephone _____

Home address _____

Employer's name _____ Work telephone _____

Employer City, State _____

Mother's name _____ Home telephone _____

Home address _____

Employer's name _____ Work telephone _____

Employer City, State _____

Legal guardian _____ Home telephone _____

Home address _____

Emergency contact _____ Home telephone _____

Home address _____

Relationship to child _____

Child's birthdate _____

Allergies to drugs or foods _____

Special medications _____

Other important medical information _____

Your pediatrician or family doctor _____

Name of insurance _____

Insurance address _____

Policy holder (name) _____ Social security number _____

Policy/subscriber/identification number _____

Group number _____

I grant (baby-sitter, relative, friend) _____

permission to authorize treatment at The Children's Medical Center of Dayton for the above-listed child.

Effective from _____ to _____

(Date)

(Date)

Parent or Legal Guardian Signature _____