



Permission to treat without parent/guardian accompanying child

Dayton Children's Hospital 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 Hospital 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 INFORMATION

Child's name _____ Date of birth _____
Allergies to drugs or foods _____
Medications _____
Other important medical information _____
Your pediatrician or family doctor _____

GUARDIAN/EMERGENCY INFORMATION

Father's name/Guardian _____ Home/cell number _____
Home address _____
Employer's name _____ Work telephone _____
Employer City, State _____

Mother's name/Guardian _____ Home/cell number _____
Home address _____
Employer's name _____ Work telephone _____
Employer City, State _____

Emergency contact _____ Home/cell number _____
Home address _____
Relationship to child _____

INSURANCE

Name of insurance/phone number _____
Insurance address _____
Policy holder (name) _____ Social security number _____
Policy/subscriber/identification number _____
Group number _____

PERMISSION

I _____ grant _____
(Print your name) (Print name of baby-sitter, relative, friend)
Permission to authorize treatment at Dayton Children's Hospital for the above-listed child.
Effective from _____ to _____
(Date) (Date)
Parent/Guardian Signature _____ Date _____