

CONSENT FOR EMERGENCY HEALTH TREATMENT OF MINORS

Pennsylvania law requires consent be given before medical or health care services may be rendered to a minor, except where, in the judgment of the physician, an attempt to secure such consent would result in the delay of treatment which would create a risk to the minor's life or health. Even though you have provided this consent, all reasonable efforts will be made to contact you or a responsible member of your family in connection with any emergency treatment.

TO: PHOENIXVILLE HOSPITAL EMERGENCY SERVICES

Consent of the undersigned parent or legal guardian is hereby given to you to administer emergency medical and/or dental services to the minor child described below:

NAME OF MINOR CHILD _____

DATE OF BIRTH _____ ALLERGIES _____

LAST TETANUS (DPT BOOSTER) DATE _____

ANY CURRENT MEDICATIONS _____

ANY CURRENT ILLNESSES _____

Name of Parent (Print please) _____

Signature of Parent _____

Home Phone _____ Work Phone _____

Family Physician _____ Phone _____

Nearest Relative or Responsible Adult _____

Phone _____

NOTE: LEADERS, DUPLICATE LOCALLY AND SECURE PARENTAL SIGNATURES.

(FOR TROOP USE ONLY)