

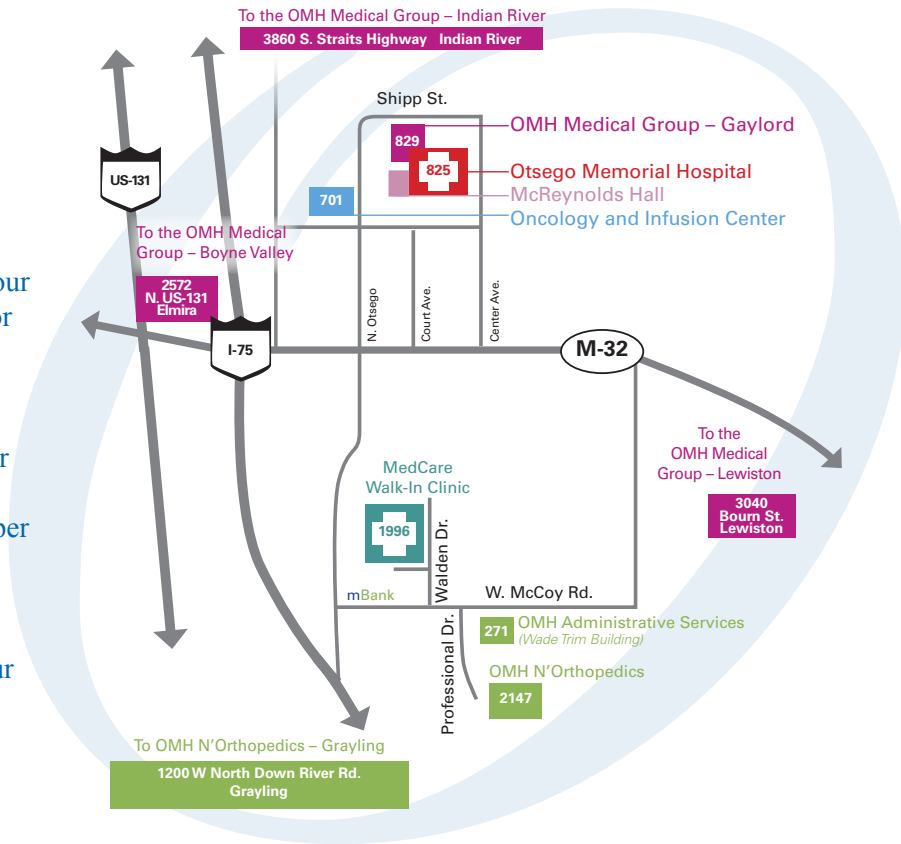


## GOING ON VACATION?

Anytime you are going to be separated from your children, be sure to leave written permission for medical treatment. By law, hospital personnel can not treat your child in the event he or she becomes ill or injured, except in emergency situations, without parental authorization. Your child's care could be needlessly delayed while the hospital attempts to contact you. With proper consent, you assure your child immediate care should it be necessary in your absence.

Complete the form below and leave it with your child's caregiver so it may be presented at the time of treatment.

**This form must be notarized.**



### Permission for Treatment *(Please type or print)*

Name(s) of Child or Children			
Last	First	Middle	Birthdate
Last	First	Middle	Birthdate
Last	First	Middle	Birthdate
Last	First	Middle	Birthdate
<i>Name of person giving consent (print)</i>			
Last	First	Middle	Birthdate

The undersigned does hereby grant permission to the individuals listed below, to give the required consent and authorization for the delivery of medical care, diagnoses and treatment, on behalf of my minor children listed above:

Name of Responsible Adult	Phone Number	Name of Responsible Adult	Phone Number
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In the event neither of these individuals is available, I hereby grant permission to Otsego Memorial Hospital, its staff and physicians, to render emergency care for my minor children listed above for a period of time during my absence: from \_\_\_\_\_ to \_\_\_\_\_ (Not to exceed 6 months) and to do all other necessary things as I might or could do if personally present.

Public Notary/Witness	Date	(Signature of Parent or Guardian)	Date
		(Relationship to Child/Children)	
		Address	Phone Number

**\*\*Provide Medical Information on Opposite Side\*\***

There is one thing you should do first...



# Going away without the kids?

## Medical Information

Telephone number and address where parents can be reached:

Address

Phone Number

Primary Physician

Phone Number

Insurance Company

Number

Known Allergies / Significant Medical History (list for each child)

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Last Tetanus Immunization (list for each child)

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