

Medical History

Allergies (including medications)

Chronic or existing diseases or
medical problems

Medicine(s) your child is taking now

Latest Tetanus booster _____

Family Physician

Name _____

Phone _____

Emergency Contact

In an emergency, parent(s)/legal
guardian(s) can be reached as follows

Medical Insurance Carrier

Company _____

Identification number _____

Member's name _____

Benefit code _____

Account number _____

Presented as a public service by



North Clinic

11635 Coldwater Rd.
MON-SUN: 8 a.m.-8 p.m.
(260) 637-1661

Northeast Clinic

3717 Maplecrest Rd.
MON-SUN: 10 a.m.-10 p.m.
(260) 486-7334

Southwest Clinic

7333 W. Jefferson Blvd.
MON-SUN: 8 a.m.-8 p.m.
(260) 435-7334

DeKalb Clinic (Auburn)

253 N. Grandstaff Dr.,
MON-FRI: 8 a.m.-8 p.m.
SAT: 8 a.m.-3 p.m.
(260) 925-9511

Huntington Clinic

1415 Flaxmill Rd.,
Huntington
MON-FRI: 8 a.m.-8 p.m.
SAT/SUN: 8 a.m.-2 p.m.
(260) 359-1250

You're Busy. We're Ready.

Parental Consent Form



Lutheran Health  Network Member



Medical Treatment for Minors

Protecting your children while you travel means more than getting a sitter. To be absolutely safe, you should provide written authorization for a responsible adult to approve any necessary emergency medical treatment for your children.

Unless a child's injuries are life-threatening, medical center personnel and physicians cannot treat him or her without parental or guardian consent. As a result, your child may suffer unnecessary discomfort while waiting for you to be reached to approve stitching a cut or setting a broken arm.

Avoiding this situation when traveling is easy. Each time you go out of town, complete and date this form for each child.

Please ask the adult that you have designated on the consent form to keep this brochure handy. It should be taken to a medical center or a doctor's office if your child requires medical treatment.

Consent for Medical Treatment of a Minor

I (We) _____, and _____ am (are) the parent(s) or legal guardian(s) of _____ a minor, age _____, born on (date) _____ in city/state _____. Current resident address of _____

I (We) authorize _____, an adult, who resides at _____ in the city of _____, state of _____, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or other medical center care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state(s) of _____.

Consent is granted for the period from _____, 20____, to _____, 20____.

Dated this _____ day of _____, 20____.

Signature Date

Signature Date

Witness Date

Witness Date

Additional medical information on the back of this brochure