Young People Who Care, Inc.

Youth Director: Sr. Suzanne Thibault

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Ministry to the poor in the Diocese of Erie since 1976

CONSENT FOR MEDICAL / SURGICAL CARE / EMERGENCY TREATMENT & MEDICAL INFORMATION

Myself or my child: In presenting my child (myself - if over 18) for diagnosis and treatment, I
(Fill this in if for someone under 18) (begin here if over 18)

Name: _____ of _____
(circle what applies) Mother / Father / Legal Guardian Child's (Your own) Name - Birth Date

Voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

Fill out with section if you are a parent of someone under 18 - skip if you are over 18)
I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.
I have read this form and I certify that I understand its contents. I hereby give our (my) consent to

_____ or ____Young People Who Care, Inc who will be caring for
(Name of Primary Adult Leader) (Agency)

our (my) child _____for the period of _____ to _____ to arrange for
(Child's Name Date beginning Date ending
emergency medical care and treatment necessary to preserve the health of (our/my child) or myself.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.
Family Address:
_____

Phone No.: Home _____ work _____ cell _____

Family Physician: _____

Pediatrician: _____

Health Insurance Carrier: _____ BIN #_____

Address _____Phone #_____

Group Number: _____ Agreement Number _____

Child's (My) Allergies:
_____

Significant Medical Conditions _____

Child's (My) Medications _____

_____ Date of Last Tetanus Booster_____

Signature: _____ Date: _____

Witness: _____ Date: _____

In Case of Emergency I can best be Reached at: Home ___Work ___ Cell ____ Other Number _____