Consent for
Medical/Surgical Care/Emergency Treatment
and Child's Medical Information

In presenting my son/daughter for diagnosis and treatment

Name: ____for ______________________________________

☐ Mother ☐ Father ☐ Legal Guardian ☐ Son ☐ Daughter

of __________ years of age, hereby 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.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to Dawn Casey of Casey Ranch, 46235 ECR 1510,Stratford, OK 74872
(Name of Person/Agency)

who will be caring for our (my) child ______________________________________
(Name of Child)

for the period ____________________________ to ____________________________ to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of our (my) child.

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

Name: ______________________________________

Address: ______________________________________

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Telephone no.: ______________________________

Name of health insurance carrier: __________________

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Group no.: ______________________________

Agreement no.: ______________________________

Family physician: ______________________________

Pediatrician: ______________________________

Surgeon: ______________________________

Orthopedist: ______________________________

Child's allergies, if any: ______________________________

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Date of last tetanus booster: ______________________________

Medicines child is taking: ______________________________

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Signature: ______________________________________ Date: ____________________
Mother, Father or Legal Guardian

Witness: ______________________________________ Date: ____________________

In case of emergency I can be reached at: ______________________________________

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