

WHEN YOU'RE AWAY

We know you can't spend every waking moment with your child. And, as much as you might try to protect the ones you love, sometimes accidents happen.

Oklahoma law requires that hospitals receive consent from parents or guardians before treating a minor for non-life-threatening injuries. Delays in reaching you can mean frustrating delays in treating your child - in easing the pain and confusion.

By simply filling out the attached form, you can give another adult permission to seek medical treatment for your child in case you cannot be reached in an emergency.

Just fill out a separate form for each child and leave the form with grandparents, teachers, coaches, or any other adult caregiver. This form can be presented at any medical office, clinic or hospital in Oklahoma for emergency care or treatment. It also provides a record of important medical information.

Now, you can relax with the knowledge that you are helping protect your child - even when you're away.

For more forms, call 752-3757.

Consent for Emergency Treatment of a Minor

I (we), the undersigned parent(s) or legal guardian(s) of

_____, a minor,
MINOR'S NAME

authorize _____
CAREGIVER

to seek emergency medical care and treatment for my

child, _____,
MINOR'S NAME

if unable to reach me (us).

DATE SIGNATURE

RELATION PHONE

ADDRESS

CITY STATE ZIP

Patient Information

MINOR'S NAME MINOR'S PHONE

MINOR'S ADDRESS

CITY STATE ZIP

DATE OF BIRTH DATE OF LAST TETANUS DIPHTHERIA BOOSTER

LIST ANY KNOWN ALLERGIES

ANY SPECIAL MEDICATIONS OR PERTINENT HEALTH INFORMATION

MINOR'S PHYSICIAN PHONE

Primary Insurance Information

INSURED'S NAME

ADDRESS

CITY STATE ZIP

PHONE

INSURANCE COMPANY

ADDRESS OF COMPANY

CITY STATE ZIP

POLICY NUMBER/PLAN NUMBER/GROUP NUMBER

Secondary Insurance Information

INSURED'S NAME

ADDRESS

CITY STATE ZIP

PHONE

INSURANCE COMPANY

ADDRESS OF COMPANY

CITY STATE ZIP

POLICY NUMBER/PLAN NUMBER/GROUP NUMBER