



1316 East Seventh Street, Auburn, Indiana 46706
260.925.4600 www.dekalbmemorial.com

Child Consent Form

I (We) _____ and _____ of
parent/guardian parent/guardian
_____, _____, _____ do
city county state

hereby state that I am (we are) the natural parent(s), (legal guardian(s)) having legal custody of
_____, a minor, _____, born _____,
child's full name age birth date
who resides with me (us) at _____.
street address

I (We) authorize _____, an adult, who
resides at _____,
city county state

to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor stated above under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of injury or medical need and with privileges to practice.

Dated this _____, day of _____.
date month year

Child's information

- Child's physician _____
- Choice of specialists _____
- Child's allergies (if any) _____
- Medication child is taking _____
- Important medical history _____
- Medical insurance carrier _____
- Identification number _____
- Member's name _____
- Pre-authorization phone number _____
- Secondary insurance _____
- Identification number _____

Please include photocopy of front and back of insurance card(s).

Phone numbers where parents can be reached

- Name _____ Phone _____
- Name _____ Phone _____
- Name _____ Phone _____
- Name _____ Phone _____

Parental Authorization

- Signature of parent/guardian(s) _____
- Signature of adult witness _____
- Expiration date of consent _____

Please attach documentation of legal guardianship (i.e. court orders).