

PARENTAL CONSENT FOR EMERGENCY TREATMENT

In case of medical emergency our physicians are:

1st _____

Phone _____

2nd _____

Phone _____

I hereby authorize the above physicians and/or their designated associates or assistants, or their covering physicians, or in the event these persons cannot be contacted, the emergency physician on duty at Somerset Medical Center, to provide emergency treatment to our child (children) for the following:

- a. Any laceration, fracture or other traumatic injury or;
- b. Any symptom, disease or injury which, in the judgment of the attending physician, if untreated, reasonably may be expected to increase the risk of or threaten the health or life of such child, or threaten disfigurement or impairment of his faculties.

No major surgery or life threatening procedure may be performed upon my child and no general anesthesia may be administered unless:

- a. The life or health of my child is in danger; or if delaying such treatment to obtain consent would create a threat of serious injury to the health of my child; *and*
- b. The attending physician and one other physician consult and agree that such treatment is necessary for the health of my child.

I hereby give my consent for admission of my child to Somerset Medical Center if, in the judgment of the attending physician, it is necessary for any treatment authorized herein.

This consent is to be effective *only after* reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment. This consent is also to be used in conjunction with the Medical Center's procedure for documented Administrative Authorization.

PLEASE PRINT

**Parent
or
Guardian**

Name _____ Signature _____ Relationship _____

Address _____ Phone _____

Child

Date of Birth

Allergies/Medical

Name _____

Name _____

Name _____

Name _____

Witness

Name _____ Signature _____

Address _____ Phone _____

Witness

Name _____ Signature _____

Address _____ Phone _____

If a medical emergency occurs, please be sure to bring this form with you to Somerset Medical Center's Emergency Care Center (908) 685-2920