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 QSBC Weekday Ministries
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 ____