

Medical Information and Informed Consent for Treatment

Name _____ DOB _____

I. Medical Information

Known allergies to drugs, foods, insect stings, etc. _____

Special medical concerns or conditions – illness, epilepsy, asthma, diabetes, previous injuries, etc.

Special dietary needs _____

Current Medications _____

Family Physician _____ Phone _____

Address _____

II. Insurance Information

Health Insurance Company _____

Address _____

Phone _____ Policy Number _____

III. Emergency Contacts

Name _____ relationship _____ Phone _____

Name _____ relationship _____ Phone _____

Name _____ relationship _____ Phone _____

IV. Signatures Acknowledging Parts I, II ,III and IV

Parent Name _____

Phone (h) _____ (w) _____ (c) _____

Address _____

Parent Signature _____ Date _____

V. Informed Consent

Authorization to Consent to Health Care for Minor

I, _____, of _____ County, am the custodial parent having legal custody of _____, a minor child, age, _____, born _____. I authorize _____ and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the healthcare of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective until revoked by me.

Custodial Parent Signature _____ Date _____

STATE OF NORTH CAROLINA
COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me the said named, _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires _____, 20____.

Notary _____

(OFFICIAL SEAL)