Memorial Medical Center
Neillsville WI 54456

Name of Minor	Birth date
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SUBSTITUTED CONSENT
FOR TREATMENT OF MINORS

When a minor (child under 18 years of age, unless married) requires medical care, it is necessary to have consent for all treatment except procedures necessary to maintain life. This consent may be given only by the person or persons legally responsible for the minor. In most situations this will be the parent or legal guardian. Should the parents or legal guardian be unavailable, such as out of town, on vacation, etc., written permission (substituted consent) to provide care for the minor should be granted to whoever will be responsible for the child so that care for the injured or sick child not be delayed while trying to locate the parents or legal guardian to permit treatment.

In the event that I cannot be contacted through reasonable efforts, I as parent/guardian of the above-named minor(s) empower and grant to _____
(name of person who may authorize)

permission to consent to and authorize care, including diagnostic procedures, surgical and medical treatment and blood transfusion for this minor. This authorization shall be valid for the period of time from _____ to _____.

I release from liability and hold harmless the health care providers, entities and other persons who provide care based upon this authorization.

_____ _____
Signature parent or legal guardian Date

_____ _____
Witness Date

Please provide the following information:

Name of Child	Allergies	Major Medical Problems	Date of Last Tetanus	Medicines

Parent/Guardian can be reached at:

Name/Address of family doctor/pediatrician and dentist:

Insurance Information: **Attach copy of insurance card to this form or bring insurance card with child.**
Company_____ Employer _____
Subscriber _____ Group No. _____