



# Saint Anthony's Emergency Services

Saint Anthony's Hospital  
Saint Anthony's Way, Alton, Illinois 62002

24-hour ER:  
(618) 474-4683

## Emergency Treatment Permission Form

### About this form.

When a doctor determines that a true emergency exists, a child may be treated without parental consent. However, in a situation where a delay would not risk the child's health, the Emergency Services must make every effort to contact a parent.

Please complete this form and leave it with a caregiver - who is 18 years or older - you have named to act on your behalf. If your child needs emergency care in your absence, that caregiver may present this form to the Emergency Services staff.

I (name) \_\_\_\_\_

of (city) \_\_\_\_\_ (state) \_\_\_\_\_,

do hereby state that I am the  natural parent  legal guardian, having legal custody of:

(child's name) \_\_\_\_\_, a minor, age \_\_\_\_\_ born \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
month day year

who resides with me at (address) \_\_\_\_\_.

I authorize (name) \_\_\_\_\_, an adult, who resides at

(address) \_\_\_\_\_

in the (city) of \_\_\_\_\_, (state) of \_\_\_\_\_

to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of \_\_\_\_\_, when such medical or surgical treatment is necessary.

Signed \_\_\_\_\_ Dated \_\_\_\_\_, 20\_\_\_\_.

Expiration Date \_\_\_\_\_, 20\_\_\_\_.

Child's Physician \_\_\_\_\_

Parent's Physician \_\_\_\_\_

Child's allergies, if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication child is taking \_\_\_\_\_

Date of child's last tetanus shot \_\_\_\_\_