

POCONO MEDICAL CENTER

NAME OF MINORS

IDENTIFY ALLERGIES, SPECIAL
CONDITIONS AND MEDICATIONS
CURRENTLY TAKEN. TETANUS
INFORMATION

I/We being the parent(s) or legal guardian(s) of the above named minor(s) do hereby appoint:
NAME ADDRESS PHONE

To act in my/our behalf in authorizing unexpected medical and hospital care excluding major elective surgery for the above named minor(s) during the period of my/our absence, from:

MONTH DAY YEAR THROUGH MONTH DAY YEAR

August August

This document shall be presented to an appropriate hospital representative at such time as unexpected hospital care may be required.

PARENT/GUARDIAN

PARENT/GUARDIAN

Signature
Address

Date

Signature
Address

Date

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINORS:
INSURANCE COMPANY OR GOVERNMENT PROGRAM

I.D. OR CONTACT NUMBER

FAMILY PHYSICIANS:
NAME AND PHONE NUMBER

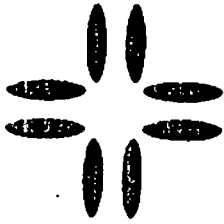
NAME AND PHONE

NOTARY

DATE

My Commission expires:

Seal:



POCONO
MEDICAL
CENTER

POCONO MEDICAL CENTER

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

The law requires that if your child needs hospital services, you as a parent must give permission.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would adversely affect the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your children might need when you are away from home. To do this, make sure babysitters know how to reach you at all times. And when you know you will be hard to reach out of town you can give permission to other adults using the form on the reverse side. They can act for you by permitting your child to be treated if unexpected care is needed. Please note that under the law major elective procedures, including surgery, can only be done with your consent even if you have completed this form.

This legal document, with it you may appoint relatives, friends, teachers, clergy, neighbors- anyone who is over 18 years of age, to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you such as when you will be out of town or away from home for an extended period.

Fill out this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected treatment in the hospital's Emergency Department or as an inpatient, the responsible adult(s) should present this document to the registration clerks at Pocono Medical Center.