



People You Know. Extraordinary Care.

## JUST IN CASE FORM

**Just In Case** is for parents who are out of town or unavailable to give consent to medical treatment for their children. Although we are permitted to give medical treatment without consent in life or death situations, parental or guardian's consent is necessary for children under 18 years in case of minor emergencies. **For peace of mind while away on travel or to anticipate the unexpected, fill out this form and GIVE IT to the person caring for your minor child or children at each visit. If medical treatment is required in your absence, the person caring for your child should present the completed form at the registration desk. Proper identification must be presented by the responsible adult.**

**This form is valid from \_\_\_\_\_ to \_\_\_\_\_ or if not specified for one year from the signature date and should be kept current by parent or guardian and updated as changes occur.** A copy of your insurance card or appropriate insurance information would be appreciated.

Child's full name \_\_\_\_\_  
Last First Middle

Child's Date of Birth: \_\_\_\_\_  
Month, Day, Year

Provide the following additional information which could help in treating your child (any line not filled in shall be interpreted to mean "none"):

Known allergies: \_\_\_\_\_

Last tetanus immunization: \_\_\_\_\_

Medical Problems – previous surgeries: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Child's physician: \_\_\_\_\_

Insurer: \_\_\_\_\_

### AUTHORIZATION FOR RESPONSIBLE ADULT TO CONSENT TO MEDICAL OR SURGICAL TREATMENT OF A MINOR CHILD.

I \_\_\_\_\_, the parent or legal guardian reside at \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ and authorize  
(address) (phone)

\_\_\_\_\_, \_\_\_\_\_ to consent to  
(responsible adult) (phone)

hospitalization, medical, and/or surgical treatment for my child \_\_\_\_\_  
(child's full name)

As parent or legal guardian, I will be responsible for any charges or treatment given.

\_\_\_\_ (Parent or legal guardian initials) I agree to allow this individual to consent to non-emergent medical treatment (excludes elective surgical or other invasive diagnostic procedures) for the above named minor.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(parent or legal guardian)