NATIONWIDE CHILDREN'S HOSPITAL℠

HELPING HAND™

700 Children's Drive
Columbus, Ohio 43205-2696
nationwidechildrens.org

CONSENT FOR CLINIC VISITS

It is best that children are brought to the clinic for each visit by a parent or legal guardian. However, there may be times when someone other than you takes care of your child. That person may be a baby-sitter, teacher, or family member. If your child must be seen at a Nationwide Children's Hospital clinic at these times, we need a signed consent form to provide medical care.

This consent form allows the person you choose to seek medical treatment for your child when you are unable to come with the child. **The person you name must be 18 years of age or older.**

HOW TO USE THIS CONSENT FORM

1. Ask for or make several copies of this form.
2. Complete all the information below and on page 2 of this form. **Use a separate form for each child.**
3. Sign and date the form, and have an adult witness your signature. The person who will accompany your child can be the witness of your signature.
4. Give the completed form to the person you have chosen. Have the person bring the consent form and shot records when he or she brings your child to the Nationwide Children's Hospital clinic.
5. Be sure to tell the person who comes with your child to get the doctor's and nurse's instructions **in writing** before leaving the clinic. If you have questions about the instructions given, be sure to call the doctor or nurse.
6. This Consent for Clinic Visits is good for one year. It is kept in the child's clinic chart. A new form must be completed and signed every year. There needs to be a different form for each person bringing the child.

I, (parent, legal guardian)_____, cannot accompany my child, (child's name) __, to the Children's Hospital clinics. I therefore give permission to (person's name)_____to accompany my child during his/her clinic visit.

- I also give permission for this person to seek medical treatment for my child if attempts to contact me are unsuccessful. This permission does not include procedures requiring informed consent (such as any type of surgery or spinal tap).
- Phone permission to give immunizations maybe obtained if the parent is available by phone.
- I understand that if surgery is needed, it will not be scheduled until I come to Children's Hospital and discuss it with the doctor.

Date _____

_____ _____

(Signature of parent or legal guardian) Signature of witness - 18 years of age or older)

Address _____

Home Phone _____ Work Phone _____

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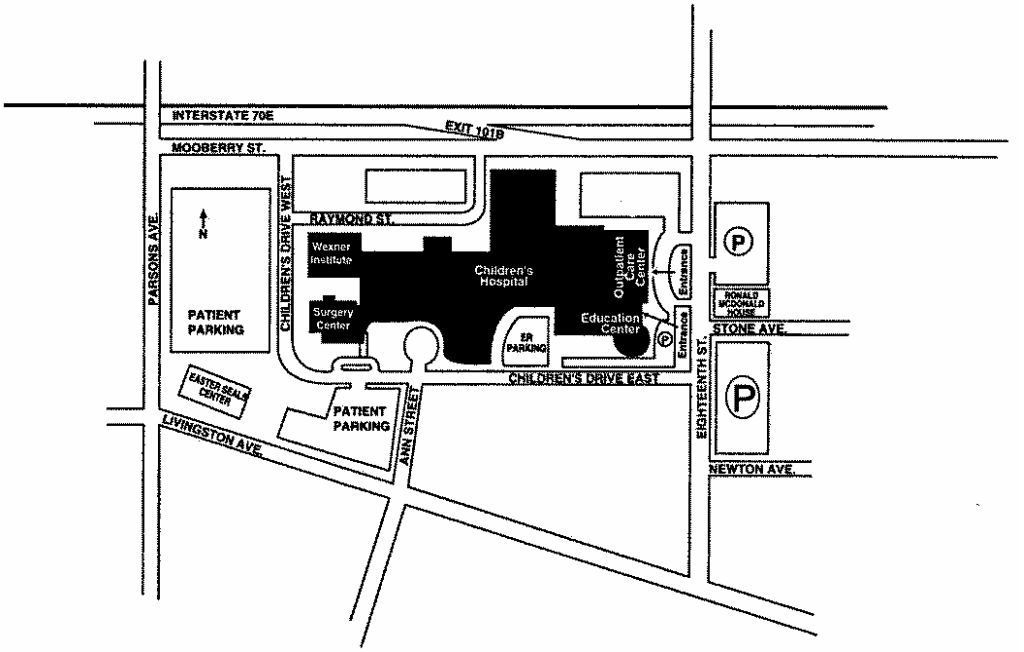
For Hospital Use Only

MEDICAL INFORMATION

List the following information about your child.

- Name of Child: _____
  Last name First Name MI
- Birth date: _____
- Allergies: _____
- Allergies to medicines: _____
- Hospitalizations at Nationwide Children's Hospital and other hospitals (list dates and reasons for admissions): _____
- Medication(s) child is taking: _____
- Immunizations (shots) child has had. Please bring shot records with the child._____
- Other information: _____



Map of Nationwide Children's Hospital, Columbus, Ohio.