

# PARENTAL CONSENT FOR EMERGENCY TREATMENT



In case of medical emergency, our pediatricians are:

Michael O'Donnell, M.D., Robert Belter, M.D., June Mannion, M.D., Christine Poulos, M.D., Michael Fell, D.O., Barry Sommerfeld, M.D., Maria Voight, M.D.  
Joni Lynn Hamilton, M.D., Carmella Mikol, RN, CPNP, Luanne Lane, RN, CPNP, Julianne Doucette, RN, CPNP, Kathleen Muglia, RN, CPNP, Beth Walsh, RN, CPNP

I/We hereby authorize the above physicians and/or their designated associates or assistants, or their covering physicians, or in the event that these persons cannot be contacted, the emergency physician on duty at Lutheran General Hospital, Park Ridge, Illinois, St. Alexius Medical Center, Hoffman Estates, Illinois, and/or Good Shepherd Hospital, Barrington, Illinois to provide emergency treatment for our child(ren) for the following:

- a. any laceration, fracture or other traumatic injury, or;
- b. any symptom, disease, or injury which, in the judgment of the attending physician, if untreated, reasonably may be expected to increase the risk of or threaten the health or life of such child(ren), or threaten disfigurement or impairment of his faculties.

No major surgery or life-threatening procedure may be performed upon my/our child(ren) and no general anesthesia may be administered unless:

- a. the life or health of my/our child(ren) is in danger; or if delaying such treatment to obtain consent would create a threat of serious injury to health of my child(ren); and
- b. the attending physician and one other physician consult and agree that such treatment is necessary for the health of my child(ren).

I/We hereby give my/our consent for admission of my/our child(ren) to Lutheran General Hospital, St. Alexius Medical Center, or Good Shepherd Hospital if, in the judgment of the attending physician, it is necessary for any treatment authorized herein.

This consent is to be effective only **after** reasonable efforts have been made to contact and obtain my/our specific consent to any emergency treatment.

PLEASE PRINT

PARENT \_\_\_\_\_

Name Signature Relationship Date

OR

GUARDIAN \_\_\_\_\_

Name Signature Relationship Date

CHILD

DATE OF BIRTH

ALLERGIES/MEDICATIONS

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

WITNESS:

Name Signature Address Telephone Date

WITNESS:

Name Signature Address Telephone Date

*In case of medical emergency, call your physician first. If instructed or unable to reach him/her, bring the child to the hospital of your insurance coverage. If you are in Northwest Primary Care alliance, you should be close to St. Alexius Hospital. If you belong to Tricounty IPA, you should be close to Good Shepherd Hospital. If these are not your closest hospital's you are advised to change sites to the IPA with the hospital closest to your residence. If you are a Barrington or Algonquin patient, bring your child to Good Shepherd Hospital.*

LUTHERAN GENERAL HOSPITAL (847) 696-2210

GOOD SHEPHERD HOSPITAL (847) 381-9600

ST. ALEXIUS MEDICAL CENTER (847) 843-2000