

MEDICAL INFORMATION

Please print and be thorough.

Chronic or Existing Medical Conditions

(e.g., asthma, seizures, diabetes)

Current Daily Medications

Recent Shots and Vaccines

Tetanus/Date _____

Other/Date _____

Known Allergies

Anesthetics

Antibiotics (Please List)

Other (Please List)

- Aspirin
- Codeine
- Demerol
- Insect Stings
- I.V.P. Dyes
- Morphine
- Novocaine
- Shellfish
- Tetanus Toxoid



The Spirit of Caring is alive at St.Vincent, represented by the three doves of our logo, flying proudly in an integrated formation, depicting the three aspects of holistic healing — body, mind and spirit. We strive to deliver to our patients and families extraordinary patient care every day, with the three doves as our guiding symbol.

As a member of Ascension Health and St.Vincent, we are called to:

- Service of the Poor**
Generosity of spirit, especially for persons most in need.
- Reverence**
Respect and compassion for the dignity and diversity of life.
- Integrity**
Inspiring trust through personal leadership.
- Wisdom**
Integrating excellence and stewardship.
- Creativity**
Courageous innovation.
- Dedication**
Affirming the hope and joy of our ministry.

2001 W. 86th Street
Indianapolis, IN 46260
317-338-KIDS
peytonmanning.stvincent.org

Peyton Manning
Children's Hospital



Peyton Manning
Children's Hospital



Parental Consent For Medical Treatment



HILBERT PEDIATRIC EMERGENCY DEPARTMENT

St.Vincent Hospitals and Health Services Parental Consent for Medical Treatment

When you go away, make sure your children are protected.

Accidents or sudden illness involving your children can occur at any time, any place. Unfortunately, parents or guardians are not always immediately available to give proper consent and valuable medical information.

St.Vincent would like to help you prevent this from happening. This Parental Consent for Medical Treatment form not only gives a caregiver permission to treat your child, it also provides valuable facts and any other special information about your child's medical history.

Please be thorough and complete all the information. You must complete a separate form for each child. Then, provide copies of the form to every person who is responsible for caring for your child. Remember to send along a form any time your child goes away, whether it's to camp or just to a friend's house for the weekend.

If you need additional consent forms, or have any questions please call the Peyton Manning Children's Hospital at St.Vincent nurse advice line at 317-338-KIDS, or stop by the Emergency Department at any St.Vincent location.



Child's Name _____ Date of Birth _____

Home Address _____ Home Phone # _____

City/State/Zip _____

Caregiver's Name _____ Phone # _____

Parental Contact _____ Phone # _____

(The adult given Supervisory Responsibility over a child by a parent or guardian)

The above named caregiver shall be authorized to consent for all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic tests, etc.), for the above named child, which may be required during my absence. If circumstances permit, I would like to have our doctor consulted in connection with such treatment.

Please attempt to contact me at the following number: _____

This consent serves as permission for treatment by St.Vincent, its associates and physicians.

(Note: Consents are not required in emergency situations.) The consent also shall include all procedures for which consent or authorization is required under the policies of St.Vincent Hospitals and Health Services. I agree to pay for all services provided to my child in my absence. This authorization shall be effective until:

a) _____

b) unless earlier revoked by me.

Signatures

Parent, Guardian (Circle One) Date

Parent, Guardian (Circle One) Date

Witness Date

Family Physician

Name

Address

Phone #

Insurance Information

Company Name

Policy Number

(Please Complete Reverse Side)

Your kids' health. From everyday to extraordinary.

At Peyton Manning Children's Hospital at St.Vincent, we understand that some situations require friendly advice. Some require immediate attention. And some need the extraordinary resources of a dedicated pediatric hospital. So, we've created ways for you to get exactly the care your kids need — exactly when they need it.

Have a question? Call 317-338-KIDS (5437).

Speak with a registered nurse 24/7 and get great advice about cold and flu, fever, accidents and more.

4Kids Health App



Download our FREE "4Kids Health" app to your iPhone or Android for access to children's health advice and access the care your child needs.

Visit 4KidsHealth.com for more information.

24-hour emergency care. Just for kids.

If your kids need emergency care, the Hilbert Pediatric Emergency Department is the only dedicated emergency room for kids on Indy's north side, with the state's largest group of dedicated pediatric emergency physicians on staff.

