

## Important Information

If your child(ren) needs medical, dental, hospital or other health services, you as a parent must give permission in most cases. It's the law.

The only time medical care may be given to a child (ren) without the consent of a parent or the legal guardian is in a life- or limb-threatening situation.

However, Indiana Law allows you, under limited circumstances, to give another adult authority to secure non-life-threatening emergency medical care for your child(ren) when you may be unavailable.

IC 16-36-1-6 provides that a parent, authorized to consent to health care for a child(ren), may delegate the authority to another person for a period of time that the parent will not be reasonably available to exercise the authority. The Delegation of Authority to Consent to Health Care may be used in all situations where a parent is unavailable for whatever reason.

The information contained in this document complies with Indiana Law and is consistent with information provided and required by Ball Memorial Hospital.

NOTE: The *Medical Emergency Delegation of Authorization & Consent to Health Care* was prepared according to Indiana Law. If your child(ren) will be in the custody of someone in another state, consult the laws of that state. It is advised that you provide the person caring for your child(ren) with the medical information contained in this document. This form will give medical professionals the necessary authority to give your child(ren) any medical treatment necessary without the delay of securing your consent.

Complete this consent form in its entirety, sign it and have it witnessed by another adult. A copy of it must be delivered to the institution or person you have authorized to make health care decisions for your child(ren).

## MEDICAL EMERGENCY

### Delegation of Authorization & Consent to Health Care

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University Human Resource Services  
Administration Building, Room 350  
Muncie, IN 47306  
Phone: 765-285-1187  
Fax: 765-285-8663  
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This document must be presented to a physician, dentist or appropriate hospital representative at such a time as medical care, dental care and/or hospitalization may be required.

### Medical Information for Minor Children of:

Parent(s)/Guardian(s)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_ Day/cell phone ( ) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date: \_\_\_\_\_

### Minor Children Information

1) Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Date of last Tetanus shot \_\_\_\_\_  
Allergies \_\_\_\_\_  
Special medical conditions \_\_\_\_\_  
Medication(s) used by child \_\_\_\_\_

2) Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Date of last Tetanus shot \_\_\_\_\_  
Allergies \_\_\_\_\_  
Special medical conditions \_\_\_\_\_  
Medication(s) used by child \_\_\_\_\_

### Medical Insurance Information

Insurance company \_\_\_\_\_  
Member name \_\_\_\_\_  
Relationship to patient  
\_\_\_\_\_ Parent  
\_\_\_\_\_ Legal guardian  
Policy no. \_\_\_\_\_ Benefit code \_\_\_\_\_  
Effective date \_\_\_\_\_  
Family physicians \_\_\_\_\_  
Family dentists \_\_\_\_\_  
Siblings over 18 years \_\_\_\_\_  
Other nearest living relative & address \_\_\_\_\_

### Delegation of Authority to Consent to Health Care

I/We, being the parents(s) or legal guardian(s) of the named minor child(ren), hereby appoint:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

the authority to consent to health care for the named minor child(ren) (pursuant to IC 16-36-1-6) during the period from:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ to  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Special conditions: \_\_\_\_\_  
\_\_\_\_\_

### Emergency Information

I/We, being the parent(s) or legal guardian(s) of the named minor child(ren), can be reached in an emergency:

Date \_\_\_\_\_  
Place \_\_\_\_\_  
Area code/phone \_\_\_\_\_

Date \_\_\_\_\_  
Place \_\_\_\_\_  
Area code/phone \_\_\_\_\_

Date \_\_\_\_\_  
Place \_\_\_\_\_  
Area code/phone \_\_\_\_\_

Car make/model/year \_\_\_\_\_  
License plate # \_\_\_\_\_