



Emergency Consent Form
(for Medical, Surgical Care and Emergency Treatment)

In presenting my son/daughter for diagnosis and treatment

Name _____ for _____
Parent/Guardian Son/Daughter

_____ years of age hereby voluntarily consent to the rendering of such care including diagnostic procedures, surgical and medical treatment and blood transfusions by our doctor, whichever doctor is covering his practice, authorized members of the hospital staff or their designees as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.

I have read this form and I certify that I understand its contents.

We/I hereby give my consent to the following hospital: The Valley Hospital (Ridgewood, NJ)
 Hackensack Hospital (Hackensack, Campus) Hackensack Hospital North ER (Westwood, NJ)

who will be caring for our (my) child _____ to arrange for routine or emergency medical / surgical / dental care and treatment necessary to preserve the health of our (my) child. We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during the time my child is in the hospital.

Name: _____
Address: _____
Telephone # : _____

Family Physician: _____
Pediatrician: _____
Surgeon: _____
Orthopedist: _____

Name of Health Insurance Carrier: _____
Group No. : _____
Member No. : _____

Child's Allergies (if any): _____
Date of last tetanus booster: _____
Medicines child is taking: _____

Parent/Guardian: _____

Signature: _____

Date: _____