

MEDICAL INFORMATION REGARDING MY MINOR CHILD

Kadlec provides this parent/guardian information card as a community service to be used whenever a minor child is left in the care of another during a planned out of town trip, vacation or other absence. The information provided does not substitute for parental consent to treat a non-emergency condition but is used to provide some medical history and information to expedite the contacting of a parent/guardian in an emergency situation.

THIS CARD IS FOR INFORMATION ONLY AND IS NOT A CONSENT TO TREATMENT

_____, parent/legal guardian of, _____
(please print your name) (please print child's legal name)
Date _____ Parent/Legal Guardian Signature _____

MEDICAL INFORMATION ON CHILD

Birthdate _____ Date of last tetanus shot _____ Drug allergies _____
Child's Physician _____ Phone _____
Dentist _____ Phone _____
Medical conditions or previous surgeries _____
Current medications _____

FAMILY INFORMATION

Address _____ Home phone _____
Father's work phone _____ Mother's work phone _____
Local relative or friend _____ Phone _____
Insurance _____ Policy Number _____

Date(s) of Absence of Parent/Guardian: _____
Please attempt to reach me by calling: Cell # _____ Other Phone # _____
I will be traveling at the following location _____
During my absence, my child will be in the care of _____
Relationship to Child: Grandparent Aunt/Uncle Friend other _____

Parent or Guardian,

Please fill out one card for each minor child left in the care of another during your planned absence. If a minor child needs urgent medical care, the caregiver should bring this card with them to Kadlec Medical Center.

The card will be used for medical information only and is not a consent to treat. Every attempt will be made by the hospital to contact the parent or guardian of the child seeking medical care.

Kadlec Medical Center
888 Swift Blvd.
Richland, WA 99352
(509) 946-4611
kadlecmed.org

KADLEC
A Higher Level of Care



ATTACH INSURANCE CARD HERE