

Parental or Guardian Consent for Medical Treatment at Trinity Regional Health System.

Information is necessary

Unfortunately, accidents and sudden illnesses can happen to children. But sometimes parents are away when their child needs emergency medical care.

Sign your children up today

Trinity provides year-round medical authorization of treatment for your children. All that is required is for you to complete the form in this brochure. The registration form also acts as a consent granting Trinity authority to treat your child if necessary. Fill out the attached consent form and return it to Trinity today.

For more information or additional child registry forms, call Trinity as follows:

Emergency Treatment Center
7th Street Campus, Moline, Ill.
(309) 779-5300

Emergency Treatment Center
West Campus, Rock Island, Ill.
(309) 779-3232

Emergency Treatment Center
Terrace Park, Bettendorf, Iowa
(563) 742-3200

Consent valid for six months.

Consent form for medical treatment in parental absence

In the event that my child/children listed below may require emergency medical and/or surgical care while I am unable to be reached, I hereby authorize Trinity to administer such treatment.

Name(s) of child(ren) _____

Name of parents/guardians _____

Address _____

City _____ State _____ Zip _____
() ()

Work phone _____ Home phone _____
This authorization shall be valid from ____ / ____ / ____
to ____ / ____ / ____.

Signature of parent/guardian _____ date _____

Child's name _____

Age _____ Date of birth _____

Past illnesses _____

Allergies _____

Medication _____ Dosage _____

Date of last tetanus shot _____

Physician's name _____

Phone () _____

Child's name _____

Age _____ Date of birth _____

Past illnesses _____

Allergies _____

Medication _____ Dosage _____

Date of last tetanus shot _____

Physician's name _____

Phone () _____

**Medical
Treatment
Consent Form**



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