University of Medical Center

CONSENT FOR TREATMENT / PERMISO PARA TRATAMIENT MEDICO

For myself, or for my child if a minor, I hereby voluntarily and knowingly agree and do give my express consent to the University of Illinois Hospital, operated by the Board of Trustees of the University of Illinois, to perform such procedures, medical or surgical, take such x-rays, administer such drugs or injections and draw such blood as may be considered necessary or desirable for diagnosis and treatment by the physician in attendance.
PARA MI MISMO (A), O PARA MIS HIJOS SI SON MENORES DE EDAD. YO POR ESTE MEDIO VOLUNTARIO Y SABIDAMENTE ESTOY DE ACUERDO Y DOY MI PERMISO AL HOSPITAL DE LA UNIVERSIDAD DE ILLINOIS QUE ES DIRIGIDO POR LA JUNTA DIRECTIVA DE LA UNIVERSIDAD DE ILLINOIS, PARA LLEVAR A CABO CUALQUIER PROCEDIMIENTO MEDICO O DE CIRUGIA, TOMAR RAYOS-X, ADMINISTRAR MEDICAMENTOS O INYECCIONES Y SACAR PRUEBAS DE SANGRE CUANTAS SEAN NECESARIAS PARA DIAGNOSTICAR Y TRATAR POR EL MEDICO QUE LO ESTE ATTENDIENDO.

SIGNED / FIRMA _____ DATE / FECHA _____ WITNESS / TESTIGO _____ RELATIONSHIP / RELACION _____

TELEPHONE CONSENT

PERMISSION IS GRANTED TO THE UNIVERSITY OF ILLINOIS HOSPITAL EMERGENCY SERVICE FOR EXAMINATION AND TREATMENT OF THE ABOVE NAMED PATIENT. THIS DOES NOT INCLUDE SPECIAL PROCEDURES. THE CONSENT CAME FROM:

☐ MOTHER

☐ FATHER

☐ LEGAL GUARDIAN WHO WAS UNABLE TO ACCOMPANY THE PATIENT, BECAUSE _____

SIGNED _____ DATE _____ PHONE CONSENT WITNESSED BY _____

ADMINISTRATIVE CONSENT

VERIFIED WITH _____ TO SIGN CONSENT _____ TO HAVE _____
(HOSPITAL ADMINISTRATOR) (NAME OF THE NEAREST RELATIVE AVAILABLE)

VERIFIED WITH _____ AND _____ REGARDING CONSENT FOR EMERGENCY TREATMENT
(HOSPITAL ADMINISTRATOR) (RESPONSIBLE PHYSICIAN)

RELEASE OF INFORMATION / PROPORCIONAR INFORMACION

I, YO _____ Responsible guardian or patient hereby give my consent to release / PACIENTE O ENCARGADO DOY MI PERMISO QUE DEN MIS DATOS O

My emergency service record to / CUALQUER OTRA INFORMACION AL _____

SIGNED / FIRMA _____ DATE / FECHA _____ WITNESS / TESTIGO _____

DIAGNOSIS	PROCEDURE

DISPOSITION OF CLOTHES AND VALUABLES

VALUABLES AND CLOTHING LIST ☐	CASH ☐ HOSP ADMIT ☐ HOME	CLOTHES ☐ WARD ☐ HOME
SIGNATURE - IF HOME		RELATIONSHIP
☐ POLICE NOTIFIED ☐ REPORT MADE ☐ DAWN		☐ ADMIS NOTIF. ☐ ECG TO FLOOR
REPORT MADE BY		NURSING REPORT GIVEN TO

UH-0528A REV. 10/02

MEDICAL RECORDS