CONSENT FOR TREATMENT / PERMISO PARA TRATAMIENTO 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 MEDICO VOLUNTARIO Y SABIAMENTE 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 ATENDIENDO.

SIGNED

DATE

WITNESS

RELATIONSHIP

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

HOSPITAL ADMINISTRATORS TO HAVE

NAME OF THE NEAREST RELATIVE AVAILABE

VERIFIED WITH HOSPITAL ADMINISTRATORS AND 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 / CUALQUIER OTRA INFORMACION AL

SIGNED

DATE

DIAGNOSIS

PROCEDURE

DISPOSITION OF CLOTHES AND VALUABLES

VALUABLES AND CLOTHING LIST

☐ CASH

☐ HOSP ADMIT

☐ HOME

☐ CLOTHES

☐ WARD

☐ HOME

SEX/AGE OF PATIENT

RELATIONSHIP

☐ POLICE NOTIFIED

☐ REPORT MADE

☐ DAWN

☐ ADMIS NOTIF

☐ EKG TO FLOOR

REPORT MADE BY

NURSING REPORT GIVEN TO

MEDICAL RECORDS