HILLBROOK
COUNTY OF ONONDAGA
Department of Probation

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James Czarniak
Director of Juvenile Justice and Detention Services

Al Giacchi
Commissioner of Probation

MEDICAL CONSENT FORM

I hereby give my consent to the Onondaga County Director of Detention to authorize any medical or surgical care for my son/daughter, _____, that in the opinion of the attending Physician is necessary to protect his/her health and well being.

You are further authorized to order any necessary examinations by a Physician at the Center, provide any necessary first aid that the staff considers necessary, give my child any necessary medication prescribed by the attending Physician, and take my child to any hospital when deemed necessary. The hospital is authorized by this Consent to perform any necessary emergency examinations, tests, or treatments.

It is stipulated that I will give prior notice of any surgery required unless his/her condition demands immediate emergency are in the opinion of the Physician, and attempts to contact me at the numbers below have been unsuccessful.

Any medical costs incurred on the behalf of this child shall be a charge upon the County of _____, subject to any third party reimbursement that may be available.

The name of the family medical insurance company: _____
The insurance identification numbers: _____
The name of the primary insured person is: _____
The name of the company/firm primary insured is employed by: _____
_____
My child is currently being treated for, or has a history of: _____
_____
_____
_____
_____

Signed: _____ Date: _____
Print Name: _____Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Other Phone Numbers: _____
Witness: _____ Title: _____