

Volunteer Services Department **PETE Form**

Patient Emergency Treatment & Evaluation (PETE) Form

Gives Parents Peace of Mind

If your child is injured or becomes ill when you are not around, who will give the OK for emergency treatment?

PETE gives permission in advance to treat and evaluate your child in an emergency. Because only a parent can authorize emergency medical treatment for his or her child, a child's treatment sometimes must be delayed while hospital staff members contact parents.

Waiting can prolong a child's pain; perhaps even endanger his or her life. To help you and your child, Mercy Philadelphia Hospital is issuing the attached PETE authorization form.

When you sign it, our medical staff will rely on their professional judgment and treat your child immediately. So, when you arrive at Mercy's Emergency Department, you can be sure your child's medical care has not been delayed.

PETE Mercy Philadelphia Hospital Authorization for Emergency Treatment of Minors

I, _____, hereby give permission to the staff and physicians of Mercy Philadelphia Hospital to treat my son/daughter in my absence. My child's name and date of birth are:

Child's name _____ DOB: _____

I understand that this permission covers average emergencies such as cuts, sprains, scrapes, bruises, bee stings, minor burns, foreign bodies, colds and flu, upset stomach, diarrhea, x-rays and minor fractures, suturing and the like.

I also understand for cases of major injury or illness which may require admission or surgery, or a more involved treatment, that additional consents will be necessary to process an insurance claim in my behalf.

Finally if, in a physician's judgment, an attempt to secure consent would result in the delay of treatment that would increase the risk to my son/daughter's life or health, consent from me is not necessary.

Allergies (list any allergy): _____

Medications (list medications being taken): _____

Tetanus Shot (list date of last shot): _____

Family Physician (name and telephone): _____

Parent/Guardian's Work Telephone: _____

Emergency Contact (name and telephone): _____

Insurance and Policy Number: _____

Signature of Parent/Guardian: _____

Address: _____

Date: _____

Note: This authorization is valid for one year. Information is to be updated as necessary.