

Care of Unaccompanied Minor: Consent to Treat

It may be more convenient to have prior authorization in place so that medical care may be delivered directly to minors if parent or legal guardian cannot be present prior to or during treatment.

Please review the following authorization for treatment and complete the information if you want to authorize such treatment for your minor child. Please note that patients 18 years of age and older do not require formal authorization.

AUTHORIZATION

I (we) have the legal right to preauthorize this facility to deliver medical treatment to my (our) child. I (we) request and authorize Greystone Medical Clinic and its personnel to deliver medical care to my child, named below.

Name _____

Date of Birth _____ Gender _____

Regardless of the type of authorization given below, this consent becomes null and void after the last day of each year, and must be renewed annually.

TIME FRAME

Please select only one of the following options:

_____ This authorization is valid and remains in effect until I revoke it in writing.

_____ This authorization is valid from _____ until _____.

_____ This authorization is valid for this date only: _____.

I understand that I may revoke this consent at any time in writing.

CONTACT INFORMATION

If emergent medical care is needed, first try to contact me (us) regarding the medical situation of my (our) child at the following telephone number(s). If you are unable for any reason to contact me (us), then you may rely on the designated decision maker's (physician) medical judgment.

Parent's Name _____ Parent's Name _____

Day Phone _____ Day Phone _____

Evening Phone _____ Evening phone _____

Cell Phone _____ Cell phone _____

Signature of a custodial parent or legal guardian

Witness/Verification Check One: ___ In person ___ via phone

Date _____ Date _____

Upon receipt, this form will be scanned into the patient's electronic medical record. The scanned form then becomes the legal document from that point forward, and this original will be securely destroyed by shredding.

If parent or guardian is not present on Greystone Medical Clinic premises when form is turned in by minor, verification that parent actually signed Form must be obtained by telephone before request can be honored. On-site attestation is preferable.