

Consent to Treat Minors

Purpose: This form may be used to allow an adult other than a parent to serve as a proxy decision maker for routine medical care and services at the WesleyCare Clinics.

AUTHORIZATION:

I hereby appointment _____
NAME **RELATIONSHIP**

as a decision maker to consent to and authorize health care treatment and services for my child listed below.

Check here if you authorize any adult, including a stepparent, accompanying your child to be a decision maker who may consent to and authorize medical care, treatment or services for and to be involved in, the care of your minor child.

I understand routine medical care, treatment and services may include, but are not limited to, medical evaluation, physical exam, immunizations, x-rays, lab work, etc.

I hereby empower and grant the decision maker appointed above, permission to consent to and authorize routine medical care as may be deemed necessary or advisable in the diagnosis and treatment of my minor child listed below and to receive protected health information directly relevant to, and for the purposes of, his or her involvement in the care or payment related to care.

Please complete a separate form for EACH minor.

MINOR'S NAME: _____ DATE OF BIRTH: _____

Parental contact information for questions regarding treatment:

Parent's Name: _____

Parent's Name: _____

Daytime Phone: _____

Daytime Phone: _____

Evening Phone: _____

Evening Phone: _____

Cell Phone: _____

Cell Phone: _____

I understand there is no obligation to contact me if the decision maker consents to the recommended care. The individual appointed as decision maker herein is permitted to make decisions or consent to the care in my absence. I also agree to accept financial responsibility for all care and services delivered pursuant to this authorization. This authorization is valid for one (1) year following the date signed below unless withdrawn in writing to WesleyCare Clinics. **(Only one parent's signature is required below.)**

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Date