



River Valley **Healthcare** Associates

Today's Date: \_\_\_\_\_

Patient Number: \_\_\_\_\_

**CONSENT TO TREAT A MINOR**

***Caregiver other than Parent/Guardian***

PATIENT NAME (Last, First, MI)

DATE OF BIRTH

\_\_\_\_\_  
FULL NAME OF PARENT OF GUARDIAN

I, \_\_\_\_\_

above guardian of the above name child give the following adult's permission to make decisions regarding the necessary and/or routine treatment of my child including but not limited to, examinations, injection, immunization and/or diagnostic procedures including X-ray or laboratory analysis. I understand that only myself and those listed below will have the authority to authorize treatment. I also authorize treatment (except for immunization) of my teen child (16 years and older) without requiring the presence of an adult. However, if my teen needs immunizations and comes alone, a parent/guardian must be available by phone for verbal consent.

\_\_\_\_\_  
NAME (AUTHORIZED CAREGIVER(S))                      PHONE                      RELATIONSHIP TO PATIENT

\_\_\_\_\_  
NAME (AUTHORIZED CAREGIVER(S))                      PHONE                      RELATIONSHIP TO PATIENT

\_\_\_\_\_  
NAME (AUTHORIZED CAREGIVER(S))                      PHONE                      RELATIONSHIP TO PATIENT

I understand that any person bringing the patient in for treatment not listed above must have a letter of consent from me or treatment could be refused or delayed. I understand that in an emergency, efforts will be made to contact prior to the rendering of treatment, but that medical treatment will not be withheld if I cannot be reached. This authorization will remain in effect unless so designated in writing that such consent for treatment of minor is cancelled. I will notify **River Valley Healthcare Associates** of any changes in the above information. I have read all the information on this sheet and certify that the information I have provided here is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO MINOR

\_\_\_\_\_  
DATE

