



ADVANCE CONSENT TO TREATMENT OF A MINOR

Child's Name: _____ **Birth Date:** _____

Address: _____

Telephone: _____

Date of Last Tetanus: _____ **Allergies:** _____

Chronic Diseases: _____ **Medications:** _____

Primary Physician: _____

(Check one of the following two paragraphs.)

_____ I (we) hereby authorize _____ to provide surgical or medical treatment
(Name of Hospital and/or Clinic)
by any licensed healthcare provider for my (our) child _____ when such treatment
(Name)
is deemed necessary by such healthcare providers and I (we) cannot be reached within a reasonable time, by reason of
absence from the community, or otherwise.

— OR —

_____ I (we) hereby authorize _____ to consent to any surgical or
(Name, Relationship)
medical treatment at _____ by any licensed healthcare provider for my
(Name of Hospital and/or Clinic)
(our) child _____ when such treatment is deemed necessary by such healthcare pro-
(Name)
vider and I (we) cannot be available to accompany the child for care.

Such consent may include, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examinations, transfusions, or injections, or drugs and the performance of whatever operations may be deemed necessary or advisable. Further, consent is granted to said healthcare provider to exercise his/her discretion in authorizing the disposal of any severed tissue or members.

It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide the authority to provide treatment which, in the exercise of best judgment of the involved healthcare providers, is deemed advisable.

(Check this paragraph for services less than urgent or emergent):

_____ I wish this authorization to include provision of routine (non-emergency) x-ray or laboratory tests ordered by my child's usual physician to be accomplished as an outpatient.

This authorization shall remain effective for five years unless revoked sooner in writing by the undersigned.

Date: _____ **Parent/Guardian Signature:** _____

Address (if different from child's): _____

Witness Signature: _____