

PERMISSION TO TREAT A MINOR WITHOUT A PARENT OR GUARDIAN PRESENT

Valley Medical Center must receive permission from a minor's parent or legal guardian before providing treatments for an injury or illness that is non-life threatening (consent to treat is generally implied in emergency situations). This form gives us legal permission to treat your child in case you cannot accompany him/her to Valley Medical Center for treatment. If the person accompanying your child (babysitter, friend, relative, etc.) does not present this information, Valley Medical Center will attempt to contact you to request permission to treat your child.

PLEASE NOTE:

- A parent or legal guardian must attend a minor's first visit at Valley Medical Center.
- Minors may receive immunizations with a parent or legal guardian's consent.
- A parent or legal guardian must provide this form directly to the minor's provider, in person, before the effective date of this form.
- This "Permission to Treat a Minor Without a Parent or Guardian Present" is only effective for the time frame listed below.
- In certain circumstances, in accordance with State and Federal laws, parent/guardian permission may not be needed for adolescents being treated for concerns deemed as "heightened sensitivity," including but not limited to STD testing, family planning, mental health, etc.

I consent that my child **can** or **cannot** receive scheduled immunizations.

Patient's Name: _____

Date of Birth: _____

AUTHORIZATION:

I, _____, the natural parent/legal guardian, of _____ grant _____ (an adult into whose care, the minor has been entrusted), to arrange for and authorize routine and emergency treatment at Valley Medical Center:

From _____ (enter date) To _____ (enter date)

I acknowledge that as the parent or legal guardian that I am responsible for all reasonable charges in connection with the care and treatment rendered for my minor child. I understand that the adult authorized must bring the insurance card and a co-payment (if applicable) to the appointment. If I do not have insurance, a deposit will be required at the time of service.

In case of an emergency, I can be reached at:

Name: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Other Contact Phone Number: _____

Signature of Parent/Legal Guardian: _____ Date: _____

VMC Witness: _____ VMC Witness: _____



Patient Label