Family Health Services	**Title:** Authorization for the Treatment of Minors	ID #: FD1005 Effective: 12/17/2025 Page: 1
	PHONE: 419-502-2800 • FAX: 419-502-2821	

PATIENT NAME:	**DATE OF BIRTH MM/DD/YYYY:**

What happens when my child needs to be treated but I cannot be reached:

- For someone other than a parent/legal guardian to accompany a minor to a medical, dental or behavioral health appointment, and/or authorize treatment, the parent/legal guardian must complete this form
- Except in a true emergency, care may ordinarily be rendered to a minor child only with the consent of the parent/legal guardian. A child may be treated without parental consent when a provider determines a true emergency exists. That means a health care provider determines the child needs immediate care and that an attempt to obtain parental consent would result in a delay, which would increase the risk to the child's life or health.
- Sometimes a child may need unexpected care, which is not a true emergency. In such cases, Family Health Services (FHS) will make every effort to contact the parent/legal guardian. If FHS is unable to reach the parent/legal guardian for permission, the provider will determine if the treatment can wait or if it is necessary to proceed.
- You can prepare for unexpected care your child may need when you are unavailable. To do this, make sure that the people responsible for your child know how to always reach you. When you know you will be hard to reach, you can give permission to other adults to act on your behalf for your minor child.
- **THIS IS A LEGAL DOCUMENT**. With this document you may appoint relatives, friends, teachers, care givers, clergy, neighbors, etc. (anyone who is over 18 years of age) the responsibility for your child when you are unable to be reached. The person(s) listed may also accompany your minor child to various appointments as needed.
- **FILL OUT THIS FORM CAREFULLY**. You must have your signature witnessed by an FHS staff member or notarized and it cannot be the person you are assigning responsibility to. FHS will keep a copy of this form in the child's medical record to refer to when someone other than the parent/legal guardian brings the child in for an appointment.
- **Once this form is complete and on file in the child's medical record, the person responsible should present their personal identification to the appropriate healthcare representative when coming to the appointment with the child**.

I/We, being the parent(s) or legal guardian(s) for the above-named patient, do herby appoint the following individual(s) to act on my/our behalf for our minor child when I/we are unavailable. This form will need to be updated on an annual basis.

Name:	Relationship to Patient:	Phone Number:
Address:		
Name:	Relationship to Patient:	Phone Number:
Address:		

SIGNATURE OF PARENT/ LEGAL GUARDIAN:	DATE:
PRINTED NAME OF PARENT/ LEGAL GUARDIAN:	RELATIONSHIP TO PATIENT: