



## Authorization for the Treatment of Minors

***IF YOUR CHILD NEEDS MEDICAL, DENTAL, BEHAVIORAL HEALTH, OR HOSPITAL SERVICES, YOU AS A PARENT OR GUARDIAN MUST GIVE PERMISSION. IT'S THE LAW.***

In order for someone other than a parent or legal guardian to accompany a minor to a medical, behavioral health or dental appointment, and/or to authorize medical/behavioral health/dental treatment, the parent/guardian must complete the attached form.

### **What about the times when you cannot be reached for permission?**

Except in a true emergency, care may ordinarily be rendered to a child only with the consent of the parent or 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 healthcare 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, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your child might need when you are not available. To do this, make sure that the responsible people with your child know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if care is needed.

**THIS IS A LEGAL DOCUMENT.** With it you may appoint relatives, friends, teachers, clergy, and neighbors--anyone who is over 18 years of age--to be responsible for your child when you are away from him/her or when you are unable to accompany him/her. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

**Fill out this form carefully.** Have your signature witnessed by an adult different from the person you are making responsible for your child. RPCN will keep a copy of the form in the child's medical record to refer to when someone other than parent/guardian brings the child in for an appointment.

**After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs treatment, the responsible adult(s) should present this document along with their personal identification to the appropriate healthcare representative.**

Over 

Authorization for the Treatment of Minors

Page 2 of 2

Name of Minor	Date of Birth	Allergies or Special Conditions

Name Parents/Guardians	of Relation	Address	Phone Number

I/We, being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint:

Name	Relation	Address	Phone

to act in my/our behalf in authorizing healthcare, for the above named minor in my/our absence between the following dates:

From: \_\_\_\_\_

To: \_\_\_\_\_

**This form is to be renewed on an annual basis**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date