

Patient Label

Consent to Treat Patient – Without Parent/ Legal Guardian Present

AUTHORIZATION:

I am the legal guardian of the child listed below and have the legal right to preauthorize Amery Hospital & Clinic and its personnel to deliver routine medical treatment and services to my child. Routine medical care and interventions may include, but are not limited to: medical evaluation, physical exam, routine immunizations, injections (including allergy injections), x-rays, lab work (examples: throat or nasal swabs, blood draws, urine catheterizations), rehab services, wart treatment with liquid nitrogen, minor burns, minor suturing of lacerations.

I _____ request and authorize Amery Hospital & Clinic and its personnel to deliver routine medical care to my child listed below as may be deemed necessary or advisable in the diagnosis and treatment of the minor child:

Child's Name: _____ DOB: _____

Allergies: _____

Current Medications: _____

Chronic Conditions: _____

Immunizations are given and all will be updated according to recommendations by the Center for Disease Control (CDC.GOV). I agree to give my authorization for the person I have listed below to act on my behalf in receiving Vaccination Information Sheets, (VIS) and giving this approval for vaccines.

- _____ **YES (This person may provide approval for vaccinations)**
 _____ **NO (This person may not provide approval for vaccinations and receive the VIS on my behalf)**

LIMITATIONS:

Identify any specific limitations on the kinds of medical services for which this authorization is given. (If none, state "none".)

Parental contact information for questions regarding treatment of the child:

Parent's name: _____

Phone info: (c) _____ (h) _____ (w) _____

Address: _____ City _____ State _____ Zip _____

I hereby authorize (print) Positive Alternatives to bring my child to his/her appointments if I am unable to attend. I understand that medical advice will be relayed to them on my behalf. I understand and agree that the signatures and dates on this form will not expire without written notice or in case that a minor becomes the age of 18, and that a photocopy of this form is considered valid as the original.

 Parent or Legal Guardian (please print) Relationship Date

 Parent or Legal Guardian (Signature)