

Authorization for Non-Parent Consent for Treatment of Minor Child

Please fill out this form if your child will be coming for a visit, treatment, or procedure, accompanied by someone other than a parent or legal guardian. This agreement will stay in effect for one year from the date of signature below unless revoked in writing by a parent or legal guardian.

This agreement does not involve approval for routine child and adolescent shots; but, if you would like your minor child to get the yearly influenza (flu) shot, please check the proper box below.

I approve and give consent for the below-named minor child to get the yearly influenza (flu) shot.

I DO NOT approve the below-named minor child to get the yearly influenza (flu) shot.

Printed Name of Minor Child

Date of Birth

Printed Name of Person Approved to Seek Medical Care for the Above-Named Child

I approve the above-named person to seek health care for my minor child listed above. I know that I am financially responsible for all health care fees incurred by my child during these visits.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Primary Custody

Shared Custody

Sole Custody

Date of Signature

Phone Number of Parent/Legal Guardian

For Foster Care:

I approve the above-named person to seek health care for the minor child listed above. Financial duty for health care fees owed during these visits is outlined in the foster care records.

Printed Name of Court Chosen Case Manager

Signature of Case Manager

Date of Signature

Phone Number of Case Manager