



TREATMENT OF A MINOR/CHILD CONSENT

PURPOSE OF CONSENT AND POLICY

This consent is to be used when a parent or legal guardian cannot bring a child in for medical or behavior health treatment, designating an authorized person to seek medical or behavioral health attention and care for the child.

This consent authorizes any medical and/or behavioral health services, office treatment including vaccines and injections, labs, x-ray, anesthesia, minor surgery, diagnosis and care which is deemed advisable by and is to be rendered under the general and special supervision of the Dayspring Health physician staff. This authorization includes hospitalization if the physician deems such as necessary.

This authorization also grants to the person or person’s listed below the power to sign release of information to any third party payers who may be responsible for part or all of the cost of the services provided.

Unless there is a specific exemption as dictated by law (see below), Dayspring will see children 15 years old and younger only with a guardian present. 16 and 17 year old patients will be seen with either a guardian’s consent or presence. The current exemptions include cases of an emancipated minor (married, has a child), contraceptive visit, pregnancy visit, STD, substance abuse, and emergency services

AUTHORIZED CONSENT

Child’s Name _____ Date of Birth _____

Parent/Guardian’s Name _____ Phone _____

I hereby authorize the following person(s) to give consent for all medical, surgical treatment, and/or behavioral health services that may be required for my child during my absence.

This authorization shall remain effective from ___/___/___ to ___/___/___, unless sooner revoked in writing by the parent or guardian.

Authorized Person

_____ Relationship _____

_____ Relationship _____

Date

Signature of Parent, Guardian or Other Authorized Representative