

PATIENT LABEL AREA

MINOR CONSENT AUTHORIZATION FORM

I, _____ am the Parent/Legal Guardian (if Legal Guardian attach copy of court order, if available) of the child(ren) listed below and there are no court orders in effect that would prohibit me from conferring the power to consent upon another person.

I, _____, do hereby confer upon, _____,
Print Name of Parent/Legal Guardian Print Name of Person Authorized

residing at _____, the power to consent to necessary medical or mental treatment for the following child(ren):

Name: _____ Date of Birth: _____

Residing at: _____

Name: _____ Date of Birth: _____

Residing at: _____

Name: _____ Date of Birth: _____

Residing at: _____

and on the child(ren)'s behalf do hereby state that the power to consent which I confer shall not be affected by my subsequent disability or incapacity.

The power which I confer is specifically limited to health care and mental health care decision making and it may be exercised only by the person named above.

The person named above may consent to the following examinations and treatment for my child(ren) (check all that apply):

- Medical Dental Surgical Developmental and/or Mental Health (excluding any psychotherapy notes)
Immunizations Other

and may have access to any and all records, including, but not limited to, insurance records regarding any such services as needed to make treatment and payment decisions.

I confer the power to consent freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats, or payments by any person or agency. This document shall remain in effect until it is revoked by my written notification to my child(ren)'s medical, mental health care, and insurance providers, and the person named above.

In witness whereof, I have signed my name to this medical consent authorization, consisting of _____ pages, on this _____ day of _____, 20_____ in _____, Pennsylvania.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Witness No 1: Print Name and Address: _____

Witness No 1: Signature: _____

Witness No 2: Print Name and Address: _____

Witness No 2: Signature: _____



Signature of Adult Person Who is Being Given Power to Consent