

Medical Consent for a Minor

While it is strongly recommended that a parent/legal guardian accompany a minor patient to their visits, Trinity Health IHA Medical Group recognizes that occasionally this is not possible. The purpose of this form is to document a parent/legal guardian's written permission for another adult to accompany a minor to an office visit in the parent or legal guardian's absence and to consent to recommended medical treatment for the minor.

Provide the following information about the minor patient:

Provide the following information about the adult(s) you authorized to bring your child(ren) to appointments in your absence Adult #1 Name	Minor Patient's Name	Birthdate	Address	
Adult #1 Name				
Adult #1 Name				
Name				
Phone Number Relation to child Relation to child Adult #3 Name Phone Number Relation to child Name Phone Number Relation to child Name Phone Number Relation to child Relation to the authority and delegation starts on and ends when minor turns 18 or when revoked in writing. Temporary delegation starts on and ends on Restrictions placed on this delegation (List any restrictions on the authority of the above-named Adult(s) to consent to treatment without your further consent) Annual Review of this document is required but new form not needed unless changes or updates. Signature from at least one Parent/Legal Guardian is required. I/we understand this delegation authorizes trinity Health IHA Medical Group to disclose my/our child's medical information to the above-named Adult(s) and to rely on their authority to consent to medical treatment. If we understand that there are queetions above-named Adult(s) on or the above-named Adult (s) or onsent to medical treatment for my/our child. I/we understand that Ilius delegation authority, trinity Health IHA Medical Group may decline to provide treatment to my/our child until I/we are present or otherwise provide adequate authority trinity. Health IHA Medical Group may decline to provide treatment to my/our child until I/we are present or otherwise provide adequate authority. Trinity Health IHA Medical Group may decline to provide treatment to my/our child until I/we are present or otherwise provide adequate authority and the above-named Adult (s) on ones to the delegation does not relieve me from financial responsibility for care and treatment provided to my c	Addit #1	Adult	#2	
Relation to child	Name			
Relation to child	Phone Number		Phone Number	
Adult #3 Name			Relation to child	
Phone Number				
Phone Number				
Relation to child	Name			
State how long the authority and delegation will last and list any restrictions to delegation: Check One: Ongoing Delegation starts on	Phone Number		Number	
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