HUDSON HEADWATERS HEALTH NETWORK

CONSENT TO TREAT A MINOR CHILD

Please list all parent(s), or legal guardian(s), that are permitted to consent for medical treatment for _____, date of birth _____:

_____ _____
(First and last name) *(Phone number)*

This person is a:
☐ Parent listed on birth certificate
☐ Parent/Legal guardian with custody paperwork [1]

_____ _____
(First and last name) *(Phone number)*

This person is a:
☐ Parent listed on birth certificate
☐ Parent/Legal guardian with custody paperwork [1]

_____ _____
(First and last name) *(Phone number)*

This person is a:
☐ Parent listed on birth certificate
☐ Parent/Legal guardian with custody paperwork [1]

I, a parent or legal guardian listed above, do hereby authorize the Network to perform medical treatment on the above listed patient when accompanied by the following named adult person(s) over the age of 18:

_____ _____
(First and last name) *(Relationship to patient)*

The authorization is valid: *(please select one)*
☐ For all medical treatment, including immunizations
☐ For all medical treatment, excluding immunizations
☐ For a specific treatment or date range:
_____

_____ _____
(First and last name) *(Relationship to patient)*

The authorization is valid: *(please select one)*
☐ For all medical treatment, including immunizations
☐ For all medical treatment, excluding immunizations
☐ For a specific treatment or date range:
_____

_____ _____
(First and last name) *(Relationship to patient)*

The authorization is valid: *(please select one)*
☐ For all medical treatment, including immunizations
☐ For all medical treatment, excluding immunizations
☐ For a specific treatment or date range:
_____

I attest that the information listed on this form is true and complete. Furthermore, I understand that this consent form, and the information listed, is valid until revoked in writing.

_____ _____ _____
Signature of Parent/Legal Guardian Print Name Date

_____ _____ _____
Signature of Witness Print Name Date

[1] This paperwork must be provided prior to or at the time of this document's completion.

Last updated: 3/24/2023