

## Consent for Treatment of Minors in Parent/Legal Guardian Absence

DeFatta Health requires that a parent or legal guardian consents to the care of minor children. If a parent or legal guardian is unable to consent to care, the parent or legal guardian can delegate the right to consent to another adult. **A new consent form must be filled out every year.** If a minor presents for a non-urgent medical appointment without a parent or legal guardian or a signed consent, treatment may be denied.

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Parent/guardian name) (Appointee's name and relationship to child)

Appointee's Address: \_\_\_\_\_

Appointee's Phone Number: \_\_\_\_\_

To consent to:

Emergent or urgent care at DeFatta Health.

Medical care at DeFatta Health including lab work, allergy shots, and other diagnostic tests, but not including any surgery or other procedures which require anesthesia, except for a local anesthetic.

Any and all necessary medical and surgical care and treatment at DeFatta Health.

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

During the period: \_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date (one year from start date)

I further agree to reimburse DeFatta Health for the cost of rendering these services to the extent that my insurance does not pay these services.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Parent/Legal Guardian Address

\_\_\_\_\_  
Date