Dear Parent/Guardian:

This form may be used if your child requires medical attention and you cannot be contacted. This completed form will need to be brought in with your child by the person you are authorizing below.

I, , certify that I am the ☐ Parent ☐ Legal Guardian of: Parent / Legal Guardian (Print Name)

Child’s full name: Child’s date of birth:

|  |
| --- |
| Chronic illness or allergies: |
| Current Medications: |
| Date of last D.P.T. immunization: |

As the parent or legal guardian, I hereby authorize:

(Full Name/ Adult bringing in patient)

(Address) (Phone Number)

Driver’s License or ID number: ,

The above‐named person who is 18 years of age or older to consent to the following treatment for my child:

* Emergency Care ☐ Surgical Treatment ☐ Routine Medical Care ☐ Immunization

The above‐named person deems advisable if I cannot reasonably be located through the information set out below when my child is brought in for treatment.

This authorization will be effective as of (date) , and will expire in six (6) months, or on (date) , whichever applies first.

During this period the Parent or Guardian will be at the following location(s):

Home address of Parent/Guardian:

Phone Number of Parent/Guardian:

Employer(s): Phone number:

Child’s Physician: Phone number:

Mother/Guardian Signature Father/Guardian Signature Witnessed by:

* + SHS Use Only ‐Attach a copy of the Photo ID of the authorized adult bringing in the child.

SHS Use Only ‐Place Copy of Photo ID Here

**to Treat a Minor**

Place Patient Label Here

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Scan to Authorization for Consent to

Treat a Minor ‐Patient

# to Treat a Minor

NOTE: Physicians are authorized by law to treat emergencies as well as other protected treatments without written consent. See policy below for laws specific to Oregon.

State of Oregon

1. Consent is not needed for an emancipated minor. In Oregon an emancipated minor is anyone who is married, OR a person declared by the courts as an emancipated minor.
2. The physician/designee should attempt to contact the parent before any treatment of a minor not protected by law (see c. below), regardless of the absence or presence of a written consent.
3. Minors treatments protected by law, that do not require parental consent are:
   * Sexually transmitted disease
   * HIV testing
   * Contraception advice and treatment
   * Pregnancy care/abortion at or above the age of 15
   * General medical treatment problems at or above the age of 15
   * Mental Health at or above the age of 14 may give permission for outpatient mental health services without parental consent. But, parents must become involved before treatment ends unless the parent refuses to become involved or it is not clinically indicated.
   * Outpatient Drug/Alcohol at or above the age of 14
   * Child Abuse Assessment Services
   * Donation of Blood age 16

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