

# **CONSENT TO TREAT UNACCOMPANIED MINOR**

(Under the age of 18)

CCM Health must receive permission from a child's parent or legal guardian before providing treatment for any injury or illness that is non-life threatening. This form gives our office the legal permission and consent to treat your child in case you cannot accompany him/her. If your child or the party accompanying your child (baby-sitter, friend, relative, etc.) does not present this form, our office will attempt to contact you to request verbal authorization to treat your child. The verbal authorization will be documented in your child's medical records.

## **AUTHORIZATION**

I have the legal right to preauthorize this facility to deliver medical treatment to my child. I request and authorize CCM Health, and its personnel to deliver medical care to my child listed below:

Name of Minor: \_\_\_\_\_\_

Date of Birth: \_\_\_\_\_

LIMITATIONS

Identify the type of medical services for which this authorization is *not* given: \_\_\_\_\_\_

Identify the type of medical services for which this authorization is <i>not</i> given:					
Identify the time frame for th	is authorization: From _	Through			
(This consent will be valid for	one year from date of sign	nature unless stated differently).			
I understand I may revoke thi	s consent at any time in w	riting to CCM Health.			
Parent/Legal Guardian Signa	ture:				
Printed Name:		Date:			
Relationship to patient:					
Please be sure to send the ins	urance card and co-pay (if	f applicable) to the appointment.			
	In case of Emerg	gency, I can be reached at:			
Home:	Work:	Cell:			
Please send current insuranc	e information with your c	child or the party accompanying them.			
<b>Verbal Permission</b> is given by	parent or legal guardian f	for child's visit on			
CCM Health Staff Signature:		CCM Health Staff 2nd Signature:			

Staff Name (Please Print) \_\_\_\_\_

Staff Name (Please Print)

## Conditions When Parental Consent Is Not Needed for Treatment of Minors

## 144.341 Living apart from parents and managing financial affairs, consent for self.

Notwithstanding any other provision of law, any minor who is living separate and apart from parent(s) or legal guardian, whether with or without the consent of a parent or guardian and regardless of the duration of such separate residence, and who is managing personal financial affairs, regardless of the source or extent of the minor's income, may give effective consent to personal medical, dental, mental and other health services, and the consent of no other person is required.

## 144.342 Marriage or giving birth, consent for health service for self or child.

Any minor who has been married or has borne a child may give effective consent to personal medical, mental, dental and other health services, or to services for the minor's child, and the consent of no other person is required.

## 144.343 Pregnancy, venereal disease, alcohol or drug abuse, abortion.

Any minor may give effective consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated therewith, venereal disease, alcohol and other drug abuse, and the consent of no other person is required.

#### 144.344 Emergency treatment.

Medical, dental, mental and other health services may be rendered to minors of any age without the consent of a parent or legal guardian when, in the professional's judgement, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.

## 144.3441 Hepatitis B vaccination.

A minor may give effective consent for a Hepatitis B vaccination. The consent of no other person is required.

## 144.345 Representations to persons rendering service.

The consent of a minor who claims to be able to give effective consent for the purpose of receiving medical, dental, mental or other health services but who may not in fact do so, shall be deemed effective without the consent of the minor's parent or legal guardian, if the person rendering the service relied in good faith upon the representations of the minor.

### 144.346 Information to parents.

The professional may inform the parent or legal guardian of the minor patient of any treatment given or needed where, in the judgement of the professional, failure to inform the parent or guardian would seriously jeopardize the health of the minor patient.

## 144.347 Financial responsibility.

A minor so consenting for such health services shall thereby assume financial responsibility for the cost of said services.