

# Permission to Treat Minor Patient without Parent/Legal Guardian Present



Today's Date: \_\_\_\_\_

Capital Women's Care must receive permission, from a child's parent or legal guardian, prior to providing treatment(s) for preventative care, injury or illness that is non-life threatening. This form provides the legal permission to (depending on the minor's age) either treat without any adult present (Section A), or with a Designated adult present (Section B)

Patient's Name \_\_\_\_\_ Patient's DOB: \_\_\_\_\_

## Section A: (ONLY for child at least 16, but not 18 years old)

Authorization to treat your minor child in case you or your designated representative are unable to accompany your child to one of his/her visits: I, (print parent/legal guardian name) \_\_\_\_\_ grant Capital Women's Care, L.L.C. permission to assess and treat the aforementioned minor without an adult present. I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

## Section B: (for child under 18 years old)

Delegation of authority for medical treatment of a minor child to the designated representative indicated

Below: I, (print parent/legal guardian name) \_\_\_\_\_ grant Capital Women's Care, L.L.C. to assess and treat the aforementioned minor in the presence of either of the following adults (you may choose more than one), who is authorized to approve treatment:

Name: \_\_\_\_\_ Relation to minor \_\_\_\_\_  
Name: \_\_\_\_\_ Relation to minor \_\_\_\_\_

I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

**NOTE: A parent / legal guardian MUST be present for a minor patient's first visit with Capital Women's Care.**

This authorization is valid for (length of time): \_\_\_\_\_

This visit only (date of appointment): \_\_\_\_\_

Until otherwise revoked: \_\_\_\_\_ (Initial)

**Please Note: Insurance card(s) and co-pay amounts (if applicable) must be presented at each visit.**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian

Emergency Contact Phone #1 \_\_\_\_\_

Emergency Contact Phone #2 \_\_\_\_\_

**NOTE:** Annotated Code of (State Law) allows for the following exceptions, where a minor has the same capacity as an adult to consent to medical treatment:

- 1) Treatment for and/or advice about drug abuse, alcoholism, venereal disease, or pregnancy other than sterilization.
- 2) Physical exam for and treatment of injuries and/or collection of evidence from an alleged rape or sexual offense.
- 3) Consultation, diagnosis and treatment of a mental or emotional disorder.