CONSENT FOR TREATMENT FOR A MINOR

Patient Name:______________________________Date of Birth:_______________Today's Date:___________

1) I, the undersigned parent/guardian of ___________________________, a minor, do hereby authorize and direct ____________________________M.D. and the staff of **Mound Family Practice Associates, Inc**. to provide ongoing routine and emergency health care. This consent shall remain in effect until_________________ or until revoked in writing.

____ ______________________________ ____________

Parent/Guardian Witness Date

- -

2) The patient has been deemed qualified to consent to his/her own health care services. Emancipation or legal exception has been established based on the following:

__________Emancipation, self-supporting, free of parental care, custody and control
__________Married, or previously married minor
__________Family Planning Services
__________Diagnosis/treatment for venereal disease
__________Under the influence of a dangerous drug or narcotic
__________Meets mature minor criteria
__________Other (explain)____

_____________________________ __________ __________________________ ________________

Clinician Date Patient Date

- -

3) Due to the following situation, administrative/legal approval has been obtained for ______________________ ______________________(treatment/procedure), by __________________________________Administrator.

__________Unavailable parents/guardian
__________Abandoned Minor

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4) **Telephone Consent**

1. Consent by telephone may be obtained when prompt treatment is needed or desirable if an adult patient is unable to give consent, or the patient is a minor.
2. Telephone consents require two witnesses.
3. Whenever possible, telephone consents shall be follow up with a signature of faxed statement. The fax should be attached.

________________________ _______________________ ______________________ ______________

Name Relationship Telephone Date

____________________________ _________________ _________________________ __________

Witness Date Witness Date