Greene County Health

Parental Authorization to Treat Minor Child When Not Accompanied by Parent or Guardian

I recognize that Greene County Health requires permission from a child's parent or guardian before providing medical services when the child is accompanied by someone other than the parent or legal guardian. When parents/legal guardians are not immediately available and advanced consent has not been provided, time must be taken to obtain permission and treatment may be delayed or even denied. However, please note that during an emergency, care would not be delayed.

I also acknowledge that a specific treatment such as administration of a medication or procedure during a visit will require my verbal consent.

Below, please note my parental authorization given so that my minor child may receive treatment at Greene County Health without his or her parent being present. This authorization will become part of the patient record.

Patient's Name		Date of Birth	
Address			

Part A

______ (Initial) This certifies that the person listed below has my permission to authorize necessary medical care and/or sports physicals for my child. This authorization is in effect until revoked by me in writing.

The following persons(s) have my permission to authorize medical care/sports physicals for my child and to sign any necessary general consents or acknowledgements on my behalf. The following person will present valid ID for identification purposes and sign forms signifying my parental responsibility for payment.

Name	
Address	
Name	
Address	

Signature of Patient or Personal Authorized by Law

Date

For Center Staff Only: Date Received: _______________