Authorization to Consent for Treatment of a Minor When Accompanied by a Non-Parent/Guardian

I/We hereby authorize (name of individual authorized to consent on behalf of parent/guardian):

____________________________________ as our agent to give consent to medical, or surgical treatment by any licensed physician or hospital in the State of Washington for our child:

____________________________________ when such treatment is deemed necessary by a physician or hospital personnel and I/we am/are unable to accompany my child and cannot be contacted within a reasonable period of time.

Such consent may include, but is not limited to: clinic visits; medical treatment; tests; imaging studies, including x-rays; transfusions; injections; medications; and the performing of whatever operations may be deemed necessary or advisable.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide the agent identified in this authorization the authority to provide consent to such medical care s/he may deem advisable in the exercise of his/her best judgment.

I understand that I am responsible for payment of all charges related to the care my child receives for examination or treatment under this authorization even though my child is not accompanied by me.

This authorization shall remain effective until revoked in writing by the undersigned.

PLEASE COMPLETE:

Date of last tetanus immunization: __________________________

Does your child have any chronic diseases or drug allergies that might interfere with medical or surgical treatment?  Yes ☐  No ☐

If yes, please describe: ______________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

Printed Name Parent/Guardian  Printed Name Parent/Guardian

Signature Date  Signature Date

Witnessed By: (office staff member)

________________________________________________________

Printed Name  Signature  Date

Facility where signed: ____________________________________________  20320  Rev. 7/16