GCH CLINICS

Consent to Treat Minor in Parental Absence

The purpose of this form is to obtain your permission, as your child's parent or legal guardian, to allow GCH Clinics and its affiliates to treat your child in the following circumstances:

(1) if your child requires routine or acute/non-emergent medical care from GCH Clinics while you are unable to attend or be reached and you have temporarily placed your child in the care of a caretaker (e.g., nanny, friend, or family member), or
(2) if your child requires routine care, is at least 16 years old, and is able to present independently for care at GCH Clinics.

If the situation is an emergency, we will provide care as necessary.

We may attempt to contact you if we believe that doing so is in the best interests of your child. However, state law may allow minors to obtain certain types of services without parental or guardian consent. For example, depending upon the jurisdiction, minors may seek and obtain behavioral health services, testing for sexually transmitted diseases, and family planning services. In these situations, it is possible that we may not be able to notify you.

Please complete and sign this form. The permissions in this document shall become effective on the date(s) of signature below, as applicable, and remain effective until otherwise revoked by you in writing. It is your responsibility to update the above information if you want it changed. However, you may be asked to confirm the information with a new dated signature on an annual basis.

Please *print* all requested information except for your signature.

Definitions:

"Routine" care refers to regular check-ups, as well as school/sports/camp physical examinations. These examinations may require various screenings (e.g., a blood test or urine test). "Routine" also refers to ongoing, regular appointments (e.g., allergy shots or physical therapy sessions).

"Non-Emergent/Minor Injuries or Illnesses" refers to the care of injuries or illnesses that do not require emergency department/emergency room services. It may require providing a medication, injection, or prescription. "Acute/Non-Emergent" also includes follow-up care (e.g., removal of stitches).

NOTE: Vaccinations require specific verbal or written consent from the parent or legal guardian.

PATIENT LABEL

1. General Information

This form applies to the following child: _____

DOB: _____

Name Parent/Legal Guardian 1: _____

Relationship to patient: _____

Contact Numbers: Home #: _____ Work #: _____ Cell #: _____

Name Parent/Legal Guardian 2: _____

Relationship to patient: _____

Contact Numbers: Home #: _____ Work #: _____ Cell #: _____

2. Authorization for Care: Caretaker

Should my child require routine or Acute/Non-Emergent medical care while I am unable to attend or be reached, I hereby authorize the person(s) named below to consent to routine or Acute/Non-Emergent medical care from GCH Clinics. NOTE: Be sure to discuss this document with those listed below who will be caring for your child in your absence. We recommend that you also complete a "Communication with Family and Friends Form" which will allow our providers to share necessary health information with those listed in this section.

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Signature of parent/legal guardian: _____

Date: _____

3. Authorization for Care: Children 16 Years or Older

My child is at least 16 years old and is able to present independently for care at GCH Clinics. I hereby authorize GCH Clinics to provide Routine care to my child when presenting independently. I understand that if additional medical treatment is needed beyond routine care, then GCH Clinics will contact me for my consent.

Signature of parent/legal guardian: _____

Date: _____

PATIENT LABEL