

# Authorization for treatment of minors

When your child needs medical, dental or hospital services, you as a parent must give permission before treatment can be offered. It's the law. But what happens if you can't be reached?

If a delay in locating you might cause your child to lose life or limb, ie in a true emergency, a doctor can begin treating your child without parental consent.

If the situation is not life-threatening, treatment cannot begin until a parent has given consent. Difficulty in reaching you can cause unnecessary delay and anxiety for your child and for the health professionals who cannot legally give the needed care without your permission.

You can prepare for the unexpected care your child might need when you are

away from home. First, make sure your babysitter knows how to reach you at all times. Second, when you know you'll be hard to reach, give permission to another adult to authorize your child's unexpected medical treatment.

You can appoint anyone over 18—babysitter, relative, neighbor, minister, etc to authorize your child's medical attention. Just fill out the authorization form on the reverse side of this brochure and have your signature witnessed by an adult other than the person you're making responsible for your child's medical attention. Just fill out the authorization form on the reverse side of this brochure and have your signature witnessed by an adult other than the person you're making responsible for your child.

A separate form must be completed for each child.

Give the completed form to the adult you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should present the document to the doctor, dentist, or hospital representative.

**TRINITY HEALTH SYSTEM  
4000 JOHNSON ROAD  
STEUBENVILLE, OHIO 43952  
740-264-8000**

# Authorization to Consent for Treatment of a Minor

I hereby grant to \_\_\_\_\_ authority to give an informed consent  
*(Name of person appointed guardian)*

for the treatment of \_\_\_\_\_,  
*(child's name)* *(age)*

Should such child require medical care of any nature by reason of any condition or incident, except that the following procedures should not be performed without my consent unless the concurring medical opinion of two physicians is that such procedures are necessary to relieve the suffering or preserve the life or limb of such child and I cannot be reached after reasonable attempts:

A) Major Surgery:

B) \_\_\_\_\_  
*(other, if any)*

Facts concerning the child's **medical history**, including **allergies, physical impairments and medications being taken**, to which a physician should be alerted are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our Family Physician is Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Our Family Dentist is Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Our hospital of choice is \_\_\_\_\_ Phone: \_\_\_\_\_

Our health insurance plan is \_\_\_\_\_  
*(I.D. Number)*

This authorization expires at Noon on \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*(witness)*

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

