

# AUTHORIZATION FOR TREATMENT FOR A MINOR

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize the following people to bring my child to an appointment in my absence. I authorize the physical examination and any x-ray, laboratory test, immunization(s) and treatment by any physician or advanced practice registered nurse licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific or special consent of the temporary custodian of the minor; whether such diagnosis is rendered at the office of the physician or at a hospital licensed by the State of Oklahoma. I authorize the physician to call in any necessary consultants in his/their discretion.

1. \_\_\_\_\_ (First Name, Last Name)
2. \_\_\_\_\_ (First Name, Last Name)
3. \_\_\_\_\_ (First Name, Last Name)

**Parent/Guardian/Patient printed name:** \_\_\_\_\_

**Parent/Guardian/Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This consent shall remain effective until the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, unless revoked sooner in writing by parent/guardian and delivered to Birth and Beyond Pediatrics, PC.

\*\*\*\*If this section is not completed the parent/legal guardian must accompany the child to each appointment\*\*\*\*

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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
  - \_\_\_\_\_ Parental consent (explain): \_\_\_\_\_
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## Telephone Consent

1. Consent by telephone may be obtained when prompt treatment is needed or desirable if the patient is a minor.
2. Telephone consents require two witnesses.
3. Telephone consent is for date of service \_\_\_\_\_ only. If further visits are required, a consent form will need to be completed and on file.

**Parent/Guardian giving consent:** \_\_\_\_\_ **# Where Reached:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_