



Urgent Care & Wellness Center

IF YOUR CHILD NEEDS MEDICAL, HOSPITAL, AMBULANCE OR OTHER HEALTH RELATED SERVICES WHEN YOU ARE UNAVAILABLE, **YOU MUST GIVE WRITTEN PERMISSION, ALLOWING A RESPONSIBLE ADULT TO ACT ON YOUR BEHALF AND TO GIVE CONSENT FOR TREATMENT OF THE CHILD.**

A child may be treated without parental consent, only when a physician determines a true emergency exists. That means a doctor determines if the child needs immediate medical care. They will determine whether a delay in rendering care in effort to obtain parental consent would pose an increased the risk to the child's life or health. Except in a **true** emergency (one that is life or limb threatening), care will only be rendered to a child with the consent of the parent or legal guardian or with a properly executed written authorization

As an urgent care center, we treat unexpected illnesses and injuries that often occur when the parents or legal guardian are absent. Urgent care centers, however, do not treat true emergencies. Therefore, in the absence of a properly executed written authorization, effort must be made to contact a parent or guardian for permission. This can delay treatment and create unnecessary anxious moments for the child and/or caregiver.

As a courtesy to our patients, Options Urgent Care & Wellness Center provides this form to help you better prepare for any care your child might need when you are away. It is important to ensure those responsible for your child know how to reach you at all times.

THIS IS A LEGAL DOCUMENT. You must fill this form out carefully. If you have multiple children, you must complete a separate for each child. You may appoint relatives, friends, teachers, clergy, neighbors, or anyone who is **over 18 years of age**. It is important to name only people you know and trust, as they will be responsible for your children and in your absence, will be making medical decisions on their behalf. Your signature must be witnessed by an individual over the age of 18, and who is not a party to the document. Options Urgent Care & Wellness Center will keep this executed document on file and effective through the date specified. However, you may revoke, renew, replace, or amend this document at any time. An executed copy, along with a copy of a current insurance card (if applicable) should be given to each individual for whom you have given authorization. The responsible adult(s) should present their copy of this document in the event medical services are requested.

*****IT IS IMPORTANT TO KEEP THIS DOCUMENT UPDATED WITH CURRENT CONTACT PHONE NUMBER(S) AND INSURANCE INFORMATION.**

***** ATTACH COPY OF ANY INSURANCE CARDS*****

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AUTHORIZATION TO TREAT A MINOR CHILD

Child's Name: _____
Last First MI Suffix

Date of Birth ____/____/____ Social Security Number: ____-____-____

Mother (guardian): _____
Full Name Address Phone

Father (guardian): _____
Full Name Address Phone

Identify allergies to medications, to the environment, or to foods: None

Identify medical conditions or health problems: None

Name of Pediatrician: _____ Phone: _____

Name of Preferred Hospital: _____ Phone: _____

I/we, being the parent(s)/legal guardian(s) of the above named minor(s), and in my/our absence, hereby appoint the following persons to act on my/our behalf in the event my child needs unexpected medical care.

Full Name Address Phone

Full Name Address Phone

This Authorization to Treat a Minor Child, unless revoked in writing, shall remain in effect for the following duration:

Effective Date: ____/____/____ End Date: ____/____/____

X _____
Parent//Guardian Signature

X _____
Parent//Guardian Signature

I hereby witnessed the signatures provided in this document and attest they are true and correct to the best of my knowledge.

Witness Name: _____ Signature: _____ Date: ____/____/____

Address: _____ Phone: _____

*** ATTACH COPY OF ANY INSURANCE CARDS***