

**Medical and Legal Consent Form for Minors  
Release of Information for Minors  
Saint Gianna's Maternity Home (SGMH)**

As the parent, legal guardian and/or custodian of \_\_\_\_\_,  
I hereby request and give consent to the Director and staff of St. Gianna's  
Maternity Home for my child/ward to receive such medical, surgical, mental and  
dental care as may be deemed necessary and expedient by a duly licensed health  
care provider.

I also hereby authorize the release of any personal, medical or educational  
information, records, reports or other data reflecting the personal history,  
educational, physical or mental condition of the undersigned minor to or from any  
licensed physician, therapist, agency, school, or individual - the release of which  
St. Gianna's Maternity Home, in its discretion, deems to be in her best interest to  
obtain the services necessary while residing at SGMH.

Name of Minor \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Insurance/Medical Assistance Number \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

Contact Phone Numbers \_\_\_\_\_

Contact Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_