



PREAUTHORIZATION TO TREAT MINORS CONSENT FORM

Please review the following authorization for treatment and complete the information if you want to prior authorize treatment so that medical care may be delivered directly to minor if a parent or legal guardian cannot be present prior to treatment. Be advised that protected patient health information may be shared with the proxy to whom the right to consent has been delegated to facilitate informed decision making.

AUTHORIZATION

I have the legal right to preauthorize CHEMED to deliver medical treatment to my child(ren). I request and authorize CHEMED and its personnel to deliver medical care to my child(ren) listed below:

Name: _____ DOB: _____

Name: _____ DOB: _____

LIMITATIONS

Identify any limitations on the kinds of medical services for which this authorization is given. If non, state "none".

Identify any limitations on the time frame for which this authorization is given. If none, state "none".

CONTACT INFORMATION

If the nature of the medical care is not routine, please try to contact me regarding the health care of my children at the following telephone number(s). If you are unable for any reason to contact me, you may rely on the proxy decision maker for consent.

Parent's/
Guardian's Name: _____
Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____

Parent's/
Guardian's Name: _____
Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____

IMMUNIZATIONS

I hereby consent to allow CHEMED to provide my child(ren)'s school(s) with copies of my child(ren)'s immunization records.

IN WITNESS WHEREOF, the undersigned have executed this instrument as of the _____ day of 20_____.

Parent or Legal Guardian Signature

Parent or Legal Guardian Sign

If Parent/Guardian are not available for signature:

Date of Phone Call

Time of Phone Call

Name of Responsible Party spoken to

Relationship to Patient of person spoken to

Name of Telephone Call Witness #1

Name of Telephone Witness #2

Signature of Telephone Call Witness #1

Signature of Telephone Call Witness #2