



Chippewa County – Montevideo Hospital

CONSENT TO TREAT UNACCOMPANIED MINOR (Under the age of 18)

CCMH must receive permission from a child’s parent or legal guardian before providing treatment for any injury or illness that is non-life threatening. This form gives our office the legal permission and consent to treat your child in case you cannot accompany him/her. If your child or the party accompanying your child (baby-sitter, friend, relative, etc.) does not present this form, our office will attempt to contact you to request verbal authorization to treat your child.

The verbal authorization will be documented in your child’s medical records.

Please Note:

- A parent/legal guardian MUST be present for their child’s first visit to CCMH.
- A new “Permission to Treat a Minor” form is required for each visit that a minor will be seen without his/her parent/legal guardian.

PATIENT NAME: \_\_\_\_\_

PATIENT DATE OF BIRTH: \_\_\_\_\_ TODAY’S DATE: \_\_\_\_\_

I, \_\_\_\_\_, grant \_\_\_\_\_ (an adult Parent/Legal Guardian Accompanying Party into whose care, the minor has been entrusted) to arrange for and authorize routine and emergency treatment at CCMH for the following date: \_\_\_\_\_ (this date indicates when this form is valid.) This authorization grants consent to any x-ray, examination, treatment, medical or surgical diagnosis.

Parent/Legal Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Please be sure to send the insurance card and co-pay (if applicable) to the appointment.

In case of Emergency, I can be reached at:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Please send current insurance information with your child or the party accompanying them.

Verbal Permission is given by parent or legal guardian for child’s visit on \_\_\_\_\_.

CCMH Staff Signature: \_\_\_\_\_ CCMH Staff 2nd Signature: \_\_\_\_\_

Staff Name (Please Print) \_\_\_\_\_ Staff Name (Please Print) \_\_\_\_\_