



Andover Family Medicine
105 S. Andover Rd. Suite D
Andover, KS 67002

Consent To Treat Minor Form

Purpose: This form may be used to allow an adult other than a parent to serve as a proxy decision maker for routine medical care and services at Andover Family Medicine.

Authorization:

I hereby appoint:

_____ Name

_____ Relationship

As a decision maker to consent to and authorize routine health care treatment and services for my child listed below.

Check here if you authorize any adult, including a stepparent, accompanying the child to be a decision maker who may consent to and authorize medical care, treatment or services for and to be involved in, the care of a minor child.

I understand routine medical care, treatment and services may include, but are not limited to: medical evaluation, physical exam, immunizations, x-rays, and lab work.

I hereby empower and grant the decision maker(s) appointed above, permission to consent to and authorize routine medical care as may be deemed necessary or advisable in the diagnosis and treatment of the minor child listed below and to receive protected health information directly relevant to, and for purposes of, his or her involvement in this care or payment related to this care. (Complete a separate form for each child.)

_____ Child's Name

_____ D.O.B.

Parental contact information for questions regarding treatment:

_____ Parent's Name

_____ Parent's Name

_____ Daytime Phone

_____ Daytime Phone

_____ Evening Phone

_____ Evening Phone

_____ Cell Phone

_____ Cell Phone

I understand there is no obligation to contact me if the decision maker consents to the care. The individual appointed as decision maker herein is permitted to make decisions or consent to the care in my absence. I also agree to accept financial responsibility for all care and services delivered pursuant to this authorization. This authorization is valid for one year (1) following the date signed below unless withdrawn in writing to Andover Family Medicine. (Only one parent's signature is required.)

_____ Signature of Parent of Legal Guardian

_____ Signature of Parent of Legal Guardian

_____ Date

_____ Date