



Permission for a Non-Parent/Legal Representative to Consent to Treatment of a Minor or Legally Incapacitated Adult

There may be times when a parent or legal representative is not available to make medical choices for a minor or legally incapacitated adult. This could be an emergency or the parent/Legal Representative cannot come to a medical visit. This form allows another adult to make medical choices when this happens.

Full Legal Name: _____ Date of Birth _____

Permission from Parent(s) or Legal Representative(s)

I, _____ (full legal name of parent/legal representative), have legal custody of the person listed above. I can allow another adult to made medical choices for this person if I am not available. I am giving this permission before it is needed to keep in the person's medical record.

I will allow _____ (full legal name of adult who you trust to make these choices) to make medical choices for the person listed above when I am not available. I will allow them to:

- Call for emergency medical care. This could include transport to a hospital and tests, procedures, and treatments that are needed.
- Attend primary care office visits at Doctors Care. At these visits they can make decisions with information from the provider to treat the Minor. This may include, but is not limited to:
 - Medical procedures (like casts or stiches)
 - Lab tests
 - Giving Medications
 - Prescribing Medications
 - Immunizations/Vaccines
 - Medical tests (like an EKG, vision, or hearing test)
 - Behavioral health
 - Dental care
 - Referrals to other providers

The adult listed above will make the best choice they can with the advice of a licensed provider. Choices must be made in the best interest of the person being treated.

This permission is short-term. It will not be for more than 1 year. This form is good until: _____ (Date)

This permission can be ended early in writing at any time.

Parent/Representative Full Legal Printed Name Signature Date

Witness Full Legal Printed Name Signature Date