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CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

Clinics and hospitals are unable to treat or care for minors (children) without **consent** from parents or legal guardians. If a child has a medical emergency when parents or legal guardians are not readily available to provide consent, then problems can occur.

Complete this form and leave it with the person who is responsible for your child in your absence. In case of a medical emergency, this form must be brought with the child to the clinic or hospital.

I, _____ (PLEASE PRINT), the natural parent/legal guardian of _____ (PLEASE PRINT), **authorize and consent** to medical, surgical and hospital care, treatment and procedures to be performed by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and the risks, complications, and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

Signature of Parent/Legal Guardian: _____

Witness: _____

Date: _____ Termination Date: _____

INFORMATION ON THE MINOR

Minor's Name: _____

Date of Birth: _____

Allergies and Drug Reactions: _____

Chronic Illnesses: _____

Regular Medications: _____

Blood type: _____

Date of Last Tetanus Immunization: _____

Other Pertinent Information: _____

CONTACT INFORMATION

Child's Physician: _____

Physician's Phone Number: _____

Parent/Guardian Address: _____

Parent/Guardian Home Phone Number: _____

Parent/Guardian Work Phone Number: _____

INSURANCE INFORMATION

Insurance Coverage Name: _____

Group Number: _____

Membership Number: _____

Employer: _____