Premise Health.

Delegation of Authority to Consent to Health Care for a Minor

I/we,____, as ____________________
Printed Parent/Guardian First and Last Name(s) Parent/Guardian

of____, born on______________, a minor child under
Child's Printed First and Last Name mm/dd/yyyy

the age of eighteen (18) years, do hereby delegate to___________________________________,
Printed First and Last Name

an adult of resident of_____________________County, State of________________________,

the authority to consent to the provision of health care to the above-named minor, who is

currently under the supervision of the above named adult, on the advice of any

physician/healthcare provider licensed to practice medicine at the_________________

_______________________________________Health Center. This authority is delegated

due to my/our unavailability to provide consent in person or by

telephone. This delegation of authority will begin on____________and shall expire at midnight on
mm/dd/yyyy

_______________(or 30 days from the "begin" date above) unless revoked prior to that time by
mm/dd/yyyy

me/us in writing. I/We understand the I/we will be responsible for all costs and/or co-payments

incurred for any and all medical care rendered to this minor child under this delegated consent

authority. This delegated consent authority is subject to the following conditions or exclusions:

____

____

NOTE: Signature of delegated adult must be verified with a valid driver's license (or other form of picture ID) at the time services are rendered.

____ _______________
Parent/Guardian Signature Date

____ _______________
Parent/Guardian Signature Date

____ _______________
Delegated Adult Signature Date