

Winona Health

Authorization to Consent to Health Care for a Minor/Dependent Adult (Parent or Guardian is not present)

I, _____, am the custodial parent/legal guardian of:

Patient Name: _____ Date of Birth: _____ Medical Record No.: _____

Patient Name: _____ Date of Birth: _____ Medical Record No.: _____

Patient Name: _____ Date of Birth: _____ Medical Record No.: _____

I authorize _____, an adult in whose care the minor children named above has been entrusted to authorize any acts which may be necessary or appropriate to provide health care for the minor(s) named above. This authorization to consent includes but is not limited to:

- Routine health care and well-child visits
- Immunizations
- Lab tests, x-rays, and/or other diagnostic tests
- Assessment and treatment of acute illness or injury
- Assessment and treatment of emergency services including hospitalization, administration of anesthesia, performance of operations, and/or other procedures except the withholding or withdrawal of life-sustaining procedures.

This authorization to consent is effective from the date it is signed until _____, or until it is revoked in writing by me (not to exceed 12 months).

I agree to be available by phone in the event there is a medical emergency or unexpected change in my child's/dependent adult's condition or plan of care. I understand that if I cannot be reached by phone, Winona Health may not be able to initiate treatment.

By signing below, I indicate that I have the understanding and capacity to communicate health care decisions. I am fully informed as to the contents of this document, and I understand the full meaning of the authorization to consent granted to the individual named above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature (for verbal consent): _____ Date: _____

Witness Signature (for verbal consent): _____ Date: _____

CONTACT INFORMATION OF PARENT OR LEGAL GUARDIAN

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

3386A 2/6/2023

