

CHILDREN'S MEDICAL CENTER

Dear Parent,

All of us at Children's Medical Center are concerned about the safety and security of your children. With increasing frequency, we are advised of Amber Alerts and missing children all over the country.

Therefore, we require your express written authorization of a third party to accompany your child for his/her visit with any of our doctors.

By designating adults other than a parent/legal guardian, authorization is granted to these individuals to provide authority and power to exercise his or her best judgment upon the advice of any such medical or emergency personnel, either in person or via telephone.

The policy outlined below is designed to help you understand the rules that apply to anyone under the age of 18 who requests medical treatment from Children's Medical Center:

Florida law authorizes the parent or legal guardian of a minor child (anyone under the age of 18) to give informed consent for most medical decisions on behalf of the child. It is the expectation of Children's Medical Center that a parent or legal guardian accompany any minor who seeks routine care, such as physical or vaccination. We will remind you of this when you schedule an appointment.

Unfortunately, we are unable to accept verbal authorization or letters from a parent or guardian granting third party consent to medical care. The attached third-party consent form will be needed for routine and non-routine care whenever a parent or guardian is not present. Caregivers (adult over the age of 18) may accompany the minor and grant consent only after the parent or legal guardian completes the attached third-party consent form with Children's Medical Center.

If a minor is brought unaccompanied into one of our offices for an emergency or acute illness, we will contact the parent(s) or guardian of the minor via telephone to obtain verbal consent. Please note that we will not perform this action for normal or routine medical care. In cases of normal or routine medical care, the appointment will be rescheduled until such time that a parent or legal guardian may accompany the child, or the parent or legal guardian completes the third-party consent form. Emergency treatment may be rendered without consent only if, in the provider's judgment, there is serious risk to the patient without such treatment.

In addition, there are certain types of situations where a minor may give their own consent to treatment, such as an emancipated or self-sufficient minor (as described by FL laws). Minors age 12 and above may consent for birth control, treatment of pregnancy, or treatment for sexually transmitted diseases. In these cases, the minor will be asked to provide documentation verifying their status. A married minor may consent to treatment for himself/herself and for his/her spouse, if the spouse is unable to give consent and has not designated a person other than the spouse to make healthcare decisions. A minor parent may consent to treatment for his/her own minor children. An unwed minor may consent to treatment related to pregnancy, the prevention of pregnancy, childbirth and termination of pregnancy. Fla Stat. § 743.065. A minor may consent to treatment for his/her own sexually transmissible diseases.

If you have any further questions regarding this, please call Children's Medical Center and we will assist you further.

Medical Treatment of a Minor

Consent/Authorization Form for Designated Adult

This form grants authority to a designated adult(s) to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parent/legal guardian, and it may not be feasible or practical to contact them. I agree that unless I give specific instructions otherwise, medical information regarding my child's diagnosis, treatment, and account balance may be released to the designated adult(s) listed on this form.

Patient Name: _____ DOB: ___/___/___

Patient Name: _____ DOB: ___/___/___

Patient Name: _____ DOB: ___/___/___

I/We _____ (Name of parent/legal guardian) do hereby grant my authorization and consent to the Designated Adult(s) listed below. If the injury or illness is life threatening, I authorize the Designated Adult to summon any/all professional emergency personnel to attend, transport, and treat the minor. I agree to assume financial responsibility for all expenses of care with Children's Medical Center.

Designated Adult Name: _____ Phone # (____)____ - _____

Relationship to patient: _____

Designated Adult Name: _____ Phone # (____)____ - _____

Relationship to patient: _____

NOTE: Designated Adult **MUST** show proof of identification(Driver License) when bringing your child in for medical treatment.

I agree unless I give specific instructions otherwise, I hereby authorize the Designated Adult listed above to receive protected health information such as test results or prescription information (exclusive of that information further protected by law) from any healthcare provider employed at Children's Medical Center.

The power to consent to medical care for my child(s) in my absence.

Parent/Legal Guardian Signature: _____ Date: _____

For Office Use Only-

Designated Adult- Driver's License#: _____

Designated Adult-Driver's License#: _____