



Dear Parent

All of us at North Pinellas 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 for a third party to accompany your child for his/her visit with any of our doctors.

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 North Pinellas Children's Medical Center:

Florida law authorizes the parent(s) or guardian of a minor child (anyone under the age of eighteen years) to give informed consent for most medical decisions on behalf of the child. It is the expectation of North Pinellas Children's Medical Center that a parent or guardian accompany any minor who seeks routine care, such as a 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 a 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 (other adults over age 18 with whom the minor resides) may accompany the minor and grant consent only after the parent or guardian completes the attached third-party consent form with North Pinellas 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 Florida 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 decision. 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 your North Pinellas Children's Medical Center provider's office and we will happily assist you further.



Medical Treatment / Release of Information of a Minor Authorization Form

This form grants authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Patient Name: _____ Date of Birth _____

Patient Name: _____ Date of Birth _____

Patient Name: _____ Date of Birth _____

Patient Name: _____ Date of Birth _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

I agree that unless I give specific instructions otherwise, medical information regarding my child's diagnosis and treatment and account balance may be released to the natural mother, natural father, stepmother/stepfather, Designated Adult above, referring physicians, other physicians involved in the care of my child and my insurance company/companies.

Signed this _____ day of _____, 20_____.

Parent / Legal Guardian Printed Name: _____

Parent / Legal Guardian Signature: _____

Witness Signature: _____ Printed Name: _____

FOR OFFICE USE ONLY

Name of Designated Adult: _____

Driver's License #: _____ Expiration date: _____

Verified by Employee Name: _____

Employee Signature _____ Date: _____