



Authorization for Medical/Dental Care to Minors or Adults with Disabilities (Without Parent/Legal Guardian Present)

STATEMENT OF PURPOSE OF THIS FORM:

Families/legal guardians who are patients of Community Health Service Inc. (CHSI) are able to grant permission to CHSI to provide treatment(s) for preventative care, injury, illness that is non-life threatening and dental care for minors or for adults with disabilities. By completing this form it provides legal permission for CHSI to treat minor's ages of 14 to 17 years old or adults with disability without any parent/ legal guardian present.

Patient's Information:

Name: _____ **D.O.B:** _____ **I.D #:** _____

AUTHORIZATION:

Parent/Legal Guardian's Name

Date of Birth

I _____ give authorization to CHSI to treat the minor or adult with disabilities listed above for medical/dental care accompanied by the authorized person listed below or without me being present for which I am the legally responsible party:

PERSON(S) AUTHORIZED TO ACCOMPANY MINOR/ADULTS WITH DISABILITIES (Print Name)

Name: _____ Relation to Minor/Adult _____

Name: _____ Relation to Minor/Adult _____

This authorization is valid for: **Today's Visit:** _____ **1 Year, Renew on:** _____

Emergency Phone # 1: _____ **Emergency Phone # 2:** _____

PARENT/GUARDIAN SIGNATURE:

I understand that I am giving permission to CHSI to treat the above named minor/adult with disability in the event that he/she presents to the clinic with one of the authorized individuals listed above and I am granting permission to forward pertinent medical or other information from this visit to the insurance company, if applicable. I understand there are certain procedures/paperwork that will need a legal guardian presence or signature. CHSI will do its best to notify guardians of such procedures/paperwork before the appointment date.

Signature

Date

Staff Name (Print)

Date

****** NOTE ******

- A parent / legal guardian **MUST** be present for a minor patient's first visit with CHSI
- Vaccinations **CANNOT** be given without a parent/legal guardian present