

Name:

DOB:

MRN:



Consent and Authorization for Minors

By law, a birth and/or custodial parent or legal guardian consents to medical services provided to his/her minor child (a person under the age of 18), except in those instances where the law recognizes the minor as having the capacity to consent to a specific medical procedure / treatment. It is the practice of Southern Illinois Medical Services to have a consent form signed by the birth parent and/or custodial parent or legal guardian of a minor that permits a Southern Illinois Medical Services physician or nurse to provide medical services to the minor. If a minor is accompanied to a Southern Illinois Medical Services practice for medical services by someone other than the birth parent and /or custodial parent or legal guardian, the below authorization or an authorization containing the below information must be presented to the provider and or nurse prior to providing services to the minor. ("Authorization").

Authorization must be dated, and include the name of the patient, name of the person bringing the child, the purpose of the medical visit, the birth and/or custodial parents or legal guardian's signature, copy of the birth and/or custodial parent or legal guardian's photo I.D. and telephone number .

I, _____, (Circle your relationship to the patient) birth parent
PLEASE PRINT NAME and/or custodial parent / legal guardian / grandparent
 give consent for the individual(s) identified below to bring the minor child to a Southern Illinois Medical Services practice for medical services. I hereby authorize Southern Illinois Medical Services personnel, to provide medical care to my minor child in accordance with the Authorization and without obtaining additional consent from me.

PRINT FULL NAME OF MINOR CHILD (PATIENT)

Date of Birth

Print Name of person bringing minor in for appointment

Relationship to minor

Purpose of Visit (appointment for)

Phone number where birth / custodial parent or legal guardian can be reached.

Name:

DOB:

MRN:

This consent is for (choose one):

1. Single time only.

Date: _____

2. Specific period of time.

From _____ to _____

3. Indefinite period of time.

From _____ until revoked by me in writing.

Signature of Birth and/or Custodial Parent or Legal Guardian

Date

Print Witness Name

Signature of Witness

Date