

# Otolaryngology Physicians of Lancaster

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## Consent to Treat a Minor

**NOTE:** In the absence of a Parent or Legal Guardian, this form must be completed for your child to receive treatment. This form meets the requirements mandated by Pennsylvania law 11P.S. § 2513.

Check one:

I \_\_\_\_\_ am the parent of the child(ren) listed below and  
 (print name of parent or guardian)  
 there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

I \_\_\_\_\_ am the legal guardian or legal custodian of the child(ren) by court order  
 (print name of parent or guardian)  
 (copy attached) and there are no other court orders in effect that would prohibit me from conferring the power to consent upon another person.

I do hereby confer upon the individual(s) list below, whom are adults of legal age,

Name	Address	Relation	Contact Phone Number

the power to consent to necessary medical or surgical treatment for the following child(ren), and on the child(ren)'s behalf do hereby state that the power to consent which I confer shall not be affected by my subsequent disability or incapacity.

Name	Address	Date of Birth

The power which I confer is specifically limited to health care decision making, and it may be exercised only by the person named above. The person(s) named above may consent to the child(ren)'s medical and surgical examination and treatment and may have access to any and all records, including, but not limited to, insurance records regarding any such services.

I confer the power to consent freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency. This document shall remain in effect until it is revoked by notifying my child(ren)'s medical providers, in writing, and the person named above that I wish to revoke it.

In witness whereof, I, \_\_\_\_\_ have signed my name to this medical consent authorization, consisting of the  
 (print name of parent or guardian)  
 one (1) page on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in \_\_\_\_\_, Pennsylvania.  
 (date) (month) (year) (city)

Parent / Legal Guardian: \_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (print name)

Witness # 1: \_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (print name)

Witness # 2: \_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (print name)

**NOTE: Witnesses may NOT be the person(s) to whom you are giving consent power.**

Signatures of adults listed above whom are being given power to consent:

\_\_\_\_\_  
 (signature of person # 1)

\_\_\_\_\_  
 (signature of person # 2)