KAISER PERMANENTE®

Authorization to Provide Informed Consent for a Minor

This form is not a substitute for the advice of an attorney. Any legal questions you may have about authorizing others to make health care decisions for your children should be directed to your attorney.

With limited exception, Washington State law requires parents or legal guardians to provide informed consent for health care for their minor child. A minor child is a child under the age of 18 years old. In the event a parent or legal guardian is temporarily unavailable to provide informed consent for their minor child, Washington State law permits parents or legal guardians to authorize another person to provide informed consent for their minor child. By completing this form you authorize the person named below to provide informed consent for your minor child in your absence in accordance with the limits specified below. The person named will be required to present positive identification before acting under this authorization.

I am (We are) the parent(s) or legal guardian(s) of the following minor child:

_____ _____ _____
(Full name of child) (Date of birth) (Member #)

I (We) authorize the following individual to provide informed consent for health care within the limits specified below for the above named minor child(ren):

_____
(Full name) (Day and evening telephone numbers)

_____
(Address)

The above named individual is authorized to provide informed consent for the following health care at any medical clinic or hospital, anywhere *(check all that apply)*:

- Routine health care, not including immunizations
- Routine health care, including immunizations
- Routine mental health care
- Surgical care
- Immunizations
- Emergency health care as deemed necessary by a physician
- Any health care deemed necessary by a health care provider
- Other *(specify)*: _____

This authorization shall become effective on _____ and shall remain in effect until _____. (MM/DD/YYYY)
(MM/DD/YYYY)

_____ _____
(Print full name of parent or guardian) (Print full name of parent or guardian)

_____ _____
(Signature) (Date) (Signature) (Date)