

### Authorization for Consent to Treat a Minor

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to consent to  
(name and relationship to minor) (name of person authorized to consent)  
obtain the following medical treatment for \_\_\_\_\_:  
(name of minor)  
(Please check one) \_\_\_\_\_ all surgical and medical treatment; OR \_\_\_\_\_ only the surgical and/or medical treatment listed below:  
(specify treatment) \_\_\_\_\_

The authorization shall be limited to the following time period: \_\_\_\_\_  
If no time period is designated, this authorization shall terminate one year from today's date. I accept responsibility for all charges related to any medical treatment or hospitalization rendered by reason of this authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(must be signed by parent or legal guardian)

### To be completed for each child.

Child's birth date \_\_\_\_\_ Name and phone number of child's physician \_\_\_\_\_  
Address and phone number where parents can be reached \_\_\_\_\_  
Additional information that may be helpful in treating your child \_\_\_\_\_

Medical History (list any chronic or existing diseases or medical problems, allergies, etc.) \_\_\_\_\_

Medicines your child is taking now (name, dosage & frequency) \_\_\_\_\_

Child's dentist \_\_\_\_\_ Clergyman \_\_\_\_\_

Medical insurance company (attach copy of insurance card) \_\_\_\_\_

Policy holder name \_\_\_\_\_ Policy holder DOB \_\_\_\_\_

Policy holder ID \_\_\_\_\_ Member's Employer \_\_\_\_\_ Policy No. \_\_\_\_\_

# Consent for Treatment of a Minor



**W**hen you're away from home, it's important that your children are able to access non-emergent health care. To make sure that your children are fully protected when you are away from them, you should provide written authorization for a responsible adult to consent to medical treatment for your children.

**U**nless a child's injuries are life threatening, hospitals, physicians and other health care providers are required by Missouri law to have permission from the parent or guardian before treating children under 18 years of age.

**I**f you leave your children with a relative or babysitter while you're out of town, you should authorize, in writing, a responsible adult who can consent to medical treatment for your child during your absence. You can do this by filling out the attached form and asking the responsible adult to keep it on hand in case medical treatment is required. The form should be taken to the hospital or the doctor's office if your child needs medical treatment during your absence.

**A** separate authorization form is needed for each of your children, and it is helpful if you complete a new form each time you go out of town. Additional copies of this authorization may be obtained from your CoxHealth physician, by calling: **417/269-4343** or visiting [coxhealth.com](http://coxhealth.com).

