

## **Consent To Treat Minor and Designated Surrogate Guardian**

I	as the		
(Parent or Guardian name)	(	as the (Relationship to the Minor)	
of the minor child	birthda	(Birthday of Minor)	
(Name of Min	or)	(Birthday of Minor)	
request and authorize Midwest Refuah Hea deemed necessary or advisable in the diago	-	nel to deliver routine medical care as may be minor named above.	
o Individuals can provide consent for treat	ment including vaccines and free transportation to and fr	om appointments for the above named minor	
Name:	Telephone:	Relationship:	
Name:	Telephone:	Relationship:	
Name:	Telephone:	Relationship:	
<ul> <li>Individuals named in this document me</li> <li>A copy of the photo identification of the</li> </ul>	ust provide a photo ID whe surrogate should be atta	ached to the electronic record	
I have read/ or had read to me in a lang	uage that I understand,	and agree to the following:	
<ul> <li>I have the legal right to preauthorize or routine medical treatment medic and interventions may include, but routine immunizations, injections, lab</li> </ul>	Midwest Refuah Health al treatment and servi at are not limited t work, psychosocial thera	Center and its personnel to deliver urgen ces to my child. Routine medical care o: medical evaluation, physical examoy.	
■ A parent, guardian or surrogate must ac	company a minor to ever	y appointment.	
<ul> <li>If a parent or guardian wishes to allow custody of a minor child, a Consent for</li> </ul>	w someone other than a Designated Surrogate Gu	parent or guardian to accompany, or accep ardian of Minor must be completed above.	
<ul> <li>Only a parent, guardian or surrogate nar accompany, or accept custody of, a min</li> </ul>	med on the Consent for Dorchild	Designated Surrogate Guardian of Minor may	
<ul> <li>A parent or guardian may consent for a the Consent for Designated Surrogate G</li> </ul>	minor to transport themse Suardian of Minor form.	elves for therapy appointments by completing	
Parent or Legal Guardian S	 ignature	 Date	