CEDAR VALLEY MEDICAL SPECIALISTS
PREAUTHORIZATION TO TREAT MINORS CONSENT FORM

This consent is to be used for minor procedures and/or already-scheduled procedures in which parents/guardians have already provided consent.

For families who are ongoing patients of ____.
(physician or health care facility)

It may be more convenient to have prior authorization in place so that medical care may be delivered directly to minors if a parent or legal guardian cannot be present prior to treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment for your minor child(ren) in advance.

AUTHORIZATION
I (we) have the legal right to preauthorize this facility to deliver medical treatment to my (our) child(ren). I (we) request and authorize ____
(physician or health care facility)

and its personnel to deliver medical care to my (our) child(ren) listed below:

Name: ______________________________ DOB: __________________

Name: ______________________________ DOB: __________________

Name: ______________________________ DOB: __________________

Name: ______________________________ DOB: __________________

Name: ______________________________ DOB: __________________

Name: ______________________________ DOB: __________________

LIMITATIONS
Identify any limitations on the kinds of medical services for which this authorization is given. If none, state “none”.

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CONTACT INFORMATION
If the nature of the medical care is not routine, I understand that every effort will be made to contact me (us) regarding the health care of my (our) child(ren) at the following telephone number(s).

Parent’s Name: __________________ Parent’s Name: __________________
Daytime Phone: __________________ Daytime Phone: __________________
Evening Phone: __________________ Evening Phone: __________________
Cell Phone: __________________ Cell Phone: __________________

I understand that this Preauthorization to Treat Minors Consent Form is valid for 1 year from the date of consent.

______________________________ ______________________________
Parent or Legal Guardian Parent or Legal Guardian

______________________________ ______________________________
Date Date