



28 Executive Drive Norwalk, OH 44857 | P: 419-668-1652 | information@huroncohealth.com | F: 419-668-5423

## Consent to Treat for Minor Without Parent/Guardian

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I (parent/guardian), \_\_\_\_\_ grant Huron County Public Health permission to examine, treat, administer immunizations, administer medication, provide general medical assessment and care, and dental service that may include fluoride treatment, restoration, or tooth extraction to my child in my absence.

This Consent to Treat is granted from parent or guardian signature date and expires on (Expiration Date of Consent) \_\_\_\_\_.

MS/MRS/MR (Name of Adult Accompanying Child) \_\_\_\_\_, is at least 18 years of age and is the minor patient's (Relationship to Child) \_\_\_\_\_. I also grant this individual permission to make decisions regarding my child's treatment if necessary, should an emergency arise, and I am unreachable. I understand payment is expected at the time of treatment.

**Insurance:** \_\_\_\_\_ **Policy/Member Number:** \_\_\_\_\_

### Parental contact information for questions regarding treatment of child:

Parent/Guardian Name: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

Adult Identification Confirmed:  Driver's License  Photo ID  Other \_\_\_\_\_

Created: 04/23/2021



An equal opportunity provider of employment and services.





28 Executive Drive Norwalk, OH 44857 | P: 419-668-1652 | information@huroncohealth.com | F: 419-668-5423

I (parent/guardian), \_\_\_\_\_ the undersigned parent, legal guardian, or person having legal custody of (print full name of child/child's Date of Birth) \_\_\_\_\_ and do hereby authorize (Please print name of adult bringing child to clinic) \_\_\_\_\_ to represent me as a guardian and provide consent to the appropriate licensed health care provider of Huron County Public Health to proceed with the administration of the appropriate vaccines based on age and the schedule recommended by the Ohio Department of Health for my child, a minor, noted above.

I understand the Immunization Guidelines followed by the Huron County Public Health staff are the same as recommended by the Ohio Department of Health and the American Academy of Pediatrics. Please send the child's shot record to the appointment.

Please complete other information about the above-named child:

### PLEASE PROVIDE ADDITIONAL INFORMATION ON ANY YES ANSWERS

| YES | NO | Has the above-named child ever had:   |
|-----|----|---|
|     |    | Convulsions or seizures?  |
|     |    | A severe reaction to any vaccine, eggs, medication, or gelatin?   |
|     |    | Does the patient have cancer, leukemia, AIDS, or any other immune system problem, or have they taken cortisone, prednisone, other steroids, anticancer drugs, or x-ray treatments in the last 3 months? |
|     |    | Is the patient sick today?  |
|     |    | Is this person pregnant or at the risk of becoming pregnant in the next month?  |
|     |    | Has the patient had any blood, plasma, or immune (gamma) globulin transfusion in the last six months?   |

*Parent, Guardian, and Adult signatures are in recognition and acceptance of the content of this page.*



*An equal opportunity provider of employment and services.*



# Huron County



# Public Health

28 Executive Drive Norwalk, OH 44857 | P: 419-668-1652 | [information@huroncohealth.com](mailto:information@huroncohealth.com) | F: 419-668-5423

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

Telephone: \_\_\_\_\_ Other telephone I may be reached \_\_\_\_\_

**Adult bringing child to clinic Signature** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

I have received a copy or had one made available to me through the Huron County Public Health's website and have read, or had read to me, the information contained in the appropriate Vaccine Information Statement (VIS) about the disease(s) and vaccine(s) that my dependent will receive. I have had a chance to ask questions, (by calling the Huron County Public Health office) which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) to be received. (VIS forms are located at <http://www.cdc.gov/vaccine/pubs/vis/default.htm>)

I understand the information is being sent to a central registry at the Ohio Department of Health.

**A NEW, COMPLETED & SIGNED FORM IS REQUIRED AT EVERY VISIT.**



*An equal opportunity provider of employment and services.*

