

## Request for Parent/Legal Guardian for GHC-SCW to Provide Care to Their Minor Child Between Ages 12-17 In Their Absence

**Incomplete or illegible forms will not be processed.**

In the event that a parent or legal guardian is unable or unwilling to be present when their minor child, between the ages of 12 and 17, is scheduled to receive care at GHC-SCW, this authorization request must be completed, submitted and approved prior to commencing the visit, when possible at the time the appointment is scheduled. Care, for the purpose of this process, is defined as “routine” interaction such as a physical examination, an acute condition (e.g. cold or flu), lab or other diagnostic testing, PT/OT or health education visits. Authorization specifically **EXCLUDES** dermatology appointments, allergy injections and other care determined by GHC-SCW clinical staff to be invasive, not in the best interest of the patient without parental presence, or for any reason deemed to be inappropriate or undesirable despite any existing authorization.

Prior to consideration of this request, the parent or legal guardian must acknowledge understanding of the following:

1. It is expected that a minor parent or legal guardian will be present in order for him/her to receive care. Exceptions to this requirement will be considered only upon submission of this request form accompanied by the parent or legal guardian’s confirmation that he/she is legally authorized to take this action and assurance that the minor possess’ sufficient maturity to be seen under such circumstances.
2. This authorization may not be used to delegate responsibility to another adult. The Authorization for Non-Emergency Care and Treatment of Minors to Temporary Caregivers Form must be used for this purpose.
3. GHC-SCW reserves the right to deny, revoke or modify this authorization at any time for any reason with or without notification of the parent/legal guardian or another applicable individual.
4. GHC-SCW may refuse to see any patient between the ages of 12 and 17 who presents for an appointment without parent/legal guardian and/or without having this approved form in its possession. Further, in the event that a minor presents for care under non-emergent circumstances, GHC-SCW may refuse care and treatment and any subsequent events, such as arrangement for a ride, are the sole responsibility of the parent or legal guardian holding GHC-SCW harmless in the event of any undesirable outcome.
5. Parent/legal guardian agrees to hold GHC-SCW harmless for any adverse outcomes related to this authorization.
6. Medications, excluding controlled substances, may be prescribed at the visit. The parent or legal guardian is responsible for appropriate communication with the minor or GHC-SCW with regard to any outcomes.
7. Under limited circumstances, verbal authorization may be considered in lieu of written authorization at the discretion of GHC-SCW clinical staff at a single visit. Such requests, if approved, will be documented in the medical record and the parent/ legal guardian informed that this will not be permitted in the future.

**Note:** This form may be submitted by either or both parents or legal guardians.

### Patient Information

\_\_\_\_\_  
Patient’s Last Name (Print)                      Patient’s First Name                      GHC#                      DOB                      Date Form Completed

### Authorization for My Child to Be Seen at GHC-SCW for Routine Health Care in My Absence:

I/We hereby authorize my mature child to receive routine health care as defined above, in my absence for the following:

- Physical Examination                       Diagnostic Testing                       PT/OT                       Health Education  
 Acute condition (e.g. cold)                       Follow-Up                       Other: (Describe: \_\_\_\_\_)

**Note:** Dermatology appointments and allergy injections excluded; parent or legal guardian must be present for these visits.

This authorization request is effective as follows:

- One visit on: \_\_\_\_\_ OR  From \_\_\_\_\_ to \_\_\_\_\_ (expires after 1 year).

\_\_\_\_\_  
Last Name of Parent /Legal Guardian                      First Name                      Authorized Signature of Parent/Legal Guardian                      Date of Signature

Emergency Contact Name and Telephone Number: \_\_\_\_\_  
Not the parent, legal guardian or individual authorized above.