

TriValley Primary Care

MEDICAL RELEASE FORM FOR MINORS

I (we), identified below, parent(s) or legal guardian of _____,

whose date of birth is _____, hereby authorize the individual(s) listed below to bring my child for appointments to TriValley Primary Care. This authorization entitles these individuals to act on my(our) behalf in making any necessary medical decisions in my absence, including but not limited to receiving protected patient health information to facilitate informed decision making, authorizing immunizations and authorizing routine medical or surgical treatment recommended by a medical provider.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

State any limitations on the kinds of medical services or the time frame for which this consent by proxy is given. If none, state "none."

If the nature of the medical care is not routine, please try to contact me(one of us) regarding the health care of the child at the following number(s). If you are unable to contact me(one of us), and the above listed proxy decision maker is authorized to provide consent for non-routine care, please initial this form here _____, and sign below.

Please complete this section legibly:

Parent's/Guardian's names: _____

Daytime phone(s) _____

Evening phone(s) _____

Cell phone(s) _____

In Pennsylvania children are considered minors until age 18 or graduation from high school. If you would permit your licensed driver teenager to receive routine care without an accompanying adult, please initial this form here _____, and sign below.

Please note that Pennsylvania state law does NOT require parental consent for any minor seeking medical care visits related to pregnancy or sexually transmitted disease.

My signature below affirms that the decisions made above reflect my intent with regard to my child's care, and attests that I have the legal right to make the decisions so indicated with respect to the child named above.

Parent(s)/ Legal Guardian Signature

Date