

**Authorization to Treat a Minor**

<b>Patient Name</b>	<b>File #</b>	<b>Date</b>
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<b>Authorization</b>
<p>I hereby request and authorize the performance of diagnostic tests, procedures and treatment for my minor child.</p> <p>As of this date, I have legal right to select and authorize health care services for the minor child named above.</p> <p>(if applicable) Under the terms and conditions of my divorce, separation or other authorization, the consent of a spouse/former spouse or other parent is not required. If my authority to so select and authorize this care should be revoked or modified in anyway, I will immediately notify NWHSU.</p> <p>Printed Name _____ Relationship to Minor Patient _____</p> <p>Signature _____ Date _____</p> <p>Witness _____ Date _____</p>