



Consent for Treatment of Minors



To comply with Wisconsin law, Meriter Clinics require that a parent (not step-parent/foster parent) or legal guardian (guardian appointed by the court) consent to the care and treatment of minor children. In the event that a parent or legal guardian is unable to consent to care, the parent/legal guardian may delegate the right to consent to another adult. In the event a minor child presents for a non-urgent medical appointment without a parent or legal guardian or a signed consent, treatment may be denied. Adolescents may seek care under some instances without parental consent.

Please check appropriate section:

DELEGATE RIGHT TO CONSENT TO TREATMENT OF MINOR TO ANOTHER ADULT

I/We _____ authorize:
(Full name of parent or legal guardian)

Appointee's Name: _____ Relationship: _____

Appointee's Address: _____ Appointee's Phone Number: _____

to consent to routine medical care (for example, immunizations, lab work, diagnostic tests) for

my child _____ during the period:
(Full name of child)

One visit only on (month/day/year) ___/___/___

Date (month/day/year) ___/___/___ to ___/___/___ (for a maximum period of one year.)

CONSENT FOR MINOR TO RECEIVE ROUTINE MEDICAL CARE AT MERITER CLINIC IN MY ABSENCE

I, _____ give permission for my mature minor
(Full name of parent or legal guardian)

child _____ to receive routine medical care (for example,
(Full name of child)

immunizations, lab work, diagnostic tests) in my absence.

One visit only on (month/day/year) ___/___/___

Date (month/day/year) ___/___/___ to ___/___/___ (for a maximum period of one year.)

Parent/Legal Guardian Signature

Date

Printed Name of Parent/Legal Guardian

Date

**CONSENT FOR TREATMENT OF MINOR IN PARENT
LEGAL GUARDIAN ABSENCE**

