

Parental Authorization to Consent to Treatment of a Minor

Oklahoma Law requires that a Parent or Legal Guardian must consent to the medical or dental treatment of a minor child. A Parent or Legal Guardian is permitted to authorize, in writing, any adult person caring for the minor to consent to treatment on behalf of the Parent or Legal Guardian (10A O.S. § 10A-1-3-101). By completing this form as a Parent or Legal Guardian, you will effectively authorize another adult to consent to treatment of your minor child.

I certify that I, the undersigned, am the Parent or Legal Guardian of the minor child,

Printed Name of Minor Child

Minor Date of Birth

As such, I authorize the following adult person(s) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, hospital care, and/or immunization, blood tests, examinations, Guidance Services, and Early Intervention Services provided by a city or county Department of Health, to be provided to the minor under the supervision and upon the advice of a licensed physician. Additionally, to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be provided to the minor by a licensed dentist. Furthermore, I agree to pay the costs of any medical or dental care that is provided in reliance on this authorization to consent.

1. _____

Relationship _____

2. _____

Relationship _____

3. _____

Relationship _____

Restrictions: _____

Relevant Medical History (allergies/known conditions/etc.): _____

Printed Name of Parent or Legal Guardian of Minor Child

Signature of Parent or Legal Guardian of Minor Child

Effective Date of Authorization

This authorization to consent will terminate on the ____ day of _____, 20____. Unless revoked earlier in writing and communicated to the treating physician or facility.

<i>Patient Label</i>
Patient Name:
MRN:
DOB:

