



## PERMISSION TO TREAT MINOR PATIENT WITHOUT PARENT/LEGAL GUARDIAN PRESENT

Patient's Name \_\_\_\_\_ Patient's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_\_

Capital Women's Care (CWC) must receive permission from a child's parent or legal guardian prior to providing treatment(s) for preventative care, injury or illness that is non-life threatening. This form provides the legal permission (depending on the minor's age) to either treat without any adult present (Section A), or with a designated adult present (Section B).

**Section A (ONLY for a child at least 16, but not yet 18 years old)**

*Authorization to treat your minor child in case you or your designated representative are unable to accompany your child to one of her visits.*

I, (print parent/legal guardian's name) \_\_\_\_\_, grant CWC permission to assess and treat the aforementioned minor without an adult present. I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

**Section B (for a child under 18 years old)**

*Delegation of authority for medical treatment of a minor child to the designated representative indicated.*

I, (print parent/legal guardian's name) \_\_\_\_\_, grant CWC permission to assess and treat the aforementioned minor in the presence of either of the following adults (you may choose more than one), who is authorized to approve treatment. I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

Name \_\_\_\_\_ Relationship to minor \_\_\_\_\_

Name \_\_\_\_\_ Relationship to minor \_\_\_\_\_

This authorization is valid

For this visit only \_\_\_\_\_ (date of appointment)

Until otherwise revoked \_\_\_\_\_ (initial)

\_\_\_\_\_  
Parent or Legal Guardian Date

Emergency Contact's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please Note**

- **A parent / legal guardian MUST be present for a minor patient's first visit with Capital Women's Care.**
- **Insurance card(s) and copayment (if applicable) must be presented at each visit.**
- Article 20-102 and 20-104 of the Annotated Code of Maryland allows for the following exceptions, where a minor has the same capacity as an adult to consent to medical treatment
  - Treatment for and/or advice about drug abuse, alcoholism, venereal disease, or pregnancy other than sterilization.
  - Physical exam for and treatment of injuries and/or collection of evidence from an alleged rape or sexual offense.
  - Consultation, diagnosis and treatment of a mental or emotional disorder.

***Healthcare for women, by women...***