



Consent for Treatment of Minors in Parent/Legal Guardian Absence

To comply with Wisconsin law, Wisconsin Health Fund requires that a parent (not step-parent/foster parent) or legal guardian (guardian appointed by the court) consent to the care of minor children. In the event that a parent or legal guardian is unable to consent to care the parent or legal guardian may delegate the right to consent to another adult. In the event that a minor child presents for a non-urgent medical/behavioral health/dental appointment without a parent or legal guardian or a signed consent, treatment may be denied.

I/We (parent's name) _____ authorize

Appointee's name _____

Relationship _____

Appointee's address _____

Appointee's phone number _____

to consent to:

- Emergent or urgent care at Wisconsin Health Fund when I cannot be reached.
- Medical and dental care at Wisconsin Health Fund including immunizations, lab work and other diagnostic tests, but not including any surgery or other procedures which require anesthesia, except for a local anesthetic.
- Any and all necessary medical/dental and surgical care and treatment at Wisconsin Health Fund.

for my child:

Child's name _____ Child's MR# _____

during the period:

- Date (month/day/year) ____/____/____ to ____/____/____
- For a maximum period of 1 year.

If Wisconsin Health Fund providers should need to contact me before providing care they can reach me at:

Home phone _____ Work phone _____ Cell phone _____

I further agree to reimburse Wisconsin Health Fund/health care provider for the cost of rendering these services to the extent that my insurance does not pay for these services.

Patient signature (person authorized to consent for patient) (relationship)

Child's parent/legal guardian address Date (month/day/year)

Affix Patient Label here

Patient: _____
Date of Service: _____
DOB: _____
M..R.# _____
M.D. _____