

CLIENT'S NAME _____

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Consent for the Treatment of Minors: Parent or Caregiver Authorization

Please print clearly.

The minor named below lives in my home and/or I have legal custody of the minor, and I am 18 years of age or older.

1. Name of minor: _____

2. Minor's birth date: _____

3. My name (adult giving authorization): _____

4. My home address: _____

5. I am the parent of the minor.

6. I am a grandparent, aunt, uncle, or other qualified relative of the minor.

7. If applicable, check one or both (for example, if one parent was advised and the other cannot be located):

I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

8. My date of birth: _____

9. My California driver's license or identification card number: _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ Signed: _____

Notices:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.

2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

SIGNATURE _____ DATE _____