

Capital Health



An Independent Licensee of the Blue Cross and Blue Shield Association

MEMBER #

NAME

DOB

Parental Consent for Care of Minor Children

By state law, minor children (up to age of eighteen) must be accompanied by a parent/legal guardian when seeking care (except in a true emergency). Capital Health Plan considers this good policy as it enhances communication between the physician, parent and child. However, we recognize that there are situations where it is not possible for the parent or legal guardian to bring in and authorize care for minor children.

The following authorizes designated individuals to act on behalf of the parent/legal guardian in cases where the latter cannot be present.

As parent(s)/legal guardian of:

_____ (child's name) _____ (date of birth) _____ (CHP #)

I hereby authorize each of the following individuals to bring in the above child and consent to any and all medical care which is deemed necessary. This includes elective and emergency care and any immunizations unless otherwise specified.

_____ (name of designee) _____ (relationship to child)

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(The above individuals should be at least eighteen years of age and understand that they may be asked to show a picture ID when presenting and authorizing care for a minor at CHP.)

I understand that it is important for me to bring my child to CHP for their medical care whenever possible.

This consent shall be effect from the date executed until the date I terminate it in writing.

Date: _____

Phone – work: _____

(Signature – parent/legal guardian)

Phone – home: _____

(Print – name of parent/legal guardian)

Phone – cell: _____

Witness: _____
(not a family member or direct caregiver)