



### PERMISSION TO SEEK MEDICAL TREATMENT FOR MINOR

Per Nebraska law, any child under the age of 19 cannot be seen by a provider without the consent of a parent or legal guardian. If the minor arrives to seek treatment with someone other than a parent or legal guardian, we will need written permission stating that this person has been appointed to act on behalf of the parent/legal guardian.

Minor's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please list individuals who may consent to treat your child:

\_\_\_\_\_  
Name (printed) Relationship to Patient

\_\_\_\_\_  
Name (printed) Relationship to Patient

\_\_\_\_\_  
Name (printed) Relationship to Patient

☐ Limitations: \_\_\_\_\_  
List any limitations on the types of medical services that the individuals listed above are authorized to consent.

Authorization:

I (parent/legal guardian) \_\_\_\_\_ request and authorize Thayer County Health Services to deliver routine and emergency care to my minor child listed above as may be deemed necessary or advisable in the diagnosis and treatment. I certify that I have the legal right to preauthorize Thayer County Health Services to provide medical treatment services to my child. Routine medical care may include, but is not limited to, evaluation, physical exam, routine immunizations, injections, radiology and lab tests and minor office or emergent procedures. **I have read, understand this authorization, and give my consent. I understand that this authorization will be in effect for one year from the date of signature below and that I can revoke it at any time.**

\_\_\_\_\_  
Parent or Legal Guardian Name (printed) Relationship to Patient

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

\_\_\_\_\_  
Notary Public Date

☐ I **revoke** the above authorization for consent for (name) \_\_\_\_\_ as of  
\_\_\_\_\_ (date)

\_\_\_\_\_  
Parent or Legal Guardian signature for **revocation**. Date of revocation signature