PHYSICIANS' CLINIC
of Iowa, P.C.

AUTHORIZATION TO TREAT A MINOR

CLINICAL DEPARTMENT:

- ☐ Allergy / Audiology
- ☐ Cardiothoracic Surgery (Surgical Specialists)
- ☐ Ear, Nose & Throat
- ☐ General Surgery (Surgical Specialists)
- ☐ Hematology & Oncology
- ☐ Neurology & Sleep Medicine
- ☐ Orthopaedics & Podiatry
- ☐ Osteoporosis & Bone Health
- ☐ Physical & Occupational Therapy
- ☐ Plastic & Reconstructive Surgery
- ☐ Rheumatology
- ☐ Urology
- ☐ Vascular Surgery (Surgical Specialists)

MINORS:

A minor is defined under Iowa law as an individual under 18 years of age, not married, and not self-supporting.

Written authorization or permission from a parent or legal guardian is required to treat a minor if the parent or legal guardian cannot be present for the appointment. The authorization may be accepted by fax or in person. ***If the written authorization is not received, the appointment is rescheduled until the appropriate permission is obtained.***

There are two exceptions to obtaining the parent or legal guardian's permission:

1. Minors may consent to treatment for birth control, other reproductive issues or drug or alcohol dependency. In these cases the parent or legal guardian may not be notified by the physician unless permission from the minor is obtained and documented in the patient's record.
2. Emancipated minors may consent to their own treatment. A minor is emancipated when the parents release him or her from their "care, custody, control, and service." The minor must be permanently living away from the parents' home, supporting him or herself and not receiving support from their parents.

Minor's First Name _____ Minor's Last Name _____

Minor's Date of Birth _____

Parent's First Name _____ Parent's Last Name _____

Attending Physician _____

Reason for Visit _____

_____

_____

Person Authorized to Accompany Minor _____

This is to certify that I, the undersigned, consent to, and authorize the performance of all treatment and operations, and the administration of anesthetics, which in the judgement of the attending physician, may be deemed necessary.

Signature of Parent or Legal Guardian _____

Date _____

Emergency Contact Number _____

Expiration date is one year from the date signed above or date specified here _____