Ridgeview Authorization and Consent for Evaluation and Treatment of a Minor without Legal Guardian Present

PATIENT LABEL

I *(full name of legal guardian)* _____, hereby certify that I am the legal guardian and have legal custody of *(minor full name)* _____ whose birthdate is _____ *(mm-dd-yyyy).*

Pursuant to applicable law, I hereby authorize and consent to care that may be provided by attending physician(s), other Ridgeview* medical staff, non-Ridgeview employed providers, as well as other healthcare workers, to provide routine medical care to the above-named minor in my absence. For purposes of this authorization, "routine medical care" includes, but is not limited to: independent history and physical examination, routine vaccination, injections (e.g. allergy injections), diagnostic services such as x-rays and laboratory testing (e.g. throat or nasal swabs, blood draws, urine collection), administer medicines that they believe are appropriate, and management of minor trauma and skin lesions (e.g. wart treatment with liquid nitrogen, treatment of minor burns/trauma, minor procedures such as the suturing of uncomplicated lacerations) and clinical care. I know there are risks with all medical treatment and procedures and I understand no one can guarantee how well treatments or procedures will work.

During the appointment, Ridgeview may *(initial all that apply):*

_____ **Provide medical care and treatment for the conditions listed below:**

_____

_____

_____ **Administer routine vaccination:** ___ Yes ___ No

! Prior to administering a vaccine, the clinic will call you to review the Vaccine Information Statement (VIS) and answer your questions. If you are not available, the vaccine will not be administered. *You can find more information regarding vaccines and immunizations on the CDC website: https://www.cdc.gov/vaccines/hcp/current-vis/*

_____ **List any specific care or treatment you do not want your child to receive:**

_____

_____

OPTIONAL:

Additional Authorized Adult Caregiver(s): I authorize the caregiver(s) listed below to accompany my minor to appointments, receive my minor's medical information as outlined in Ridgeview's Notice of Privacy Practices, and consent to routine medical care for my minor.

Name of caregiver *(print)* _____ Phone number _____

Name of caregiver *(print)* _____ Phone number _____

**When designating an authorized adult caregiver, please ensure they are aware of this authority.*

Vaccination: I authorize these caregivers to act on my behalf to review Vaccine Information Statements (VIS) and provide consent for administration of recommended vaccines. ___ Yes ___ No

Limitations: List any specific care or treatment you do not want your child to receive:

_____

_____

This authorization and consent remain in effect one year from date of signature or when the minor turns 18, whichever is sooner. I understand that I may revoke this consent at any time by providing a written notice to Ridgeview, except to the extent that services have already been provided in reliance on this authorization. I affirm that the information provided above is true and correct, is consistent with any applicable court order or parenting agreement, and that I have the legal authority to grant this authorization and consent.

PATIENT LABEL

Signatures

Legal Guardian 1 Signature	Date *(mm-dd-yyyy)*	Time *(hh:mm)* am pm
Legal Guardian 1 Printed Name *(First, Middle, Last)*		
Legal Guardian 2 Signature	Date *(mm-dd-yyyy)*	Time *(hh:mm)* am pm
Legal Guardian 2 Printed Name *(First, Middle, Last)*		

Verbal consent obtained via phone conversation with legal guardian

Legal Guardian Name	Date *(mm-dd-yyyy)*	Time *(hh:mm)* am pm
Clinic Representative Signature	Date *(mm-dd-yyyy)*	
Clinic Representative Printed Name *(First, Middle, Last)*	Time *(hh:mm 24-hour clock)*	
Witness Representative Signature	Date *(mm-dd-yyyy)*	
Witness Representative Printed Name *(First, Middle, Last)*	Time *(hh:mm 24-hour clock)*	

Joint Legal Custody: Legal guardians who share joint legal custody are responsible for ensuring that their actions comply with the terms of their custody order or parenting agreement. Ridgeview is not responsible for determining, interpreting or enforcing the terms of any custody agreement and will rely on the representation of the signing legal guardian.

Minor Consent and Confidential Services: Under Minnesota law (Minn. Stat. §§ 144.341-144.347), minors may consent to certain types of care on their own – such as pregnancy-related care, testing and treatment for sexually transmitted infections, contraceptive services, outpatient mental health services at age 16 or older, hepatitis B vaccination, substance-use evaluation or treatment, and emergency care. Minors living apart from parents and managing financial affairs, married or borne a child may give effective consent. When a minor legally consents to these services, they are considered the patient under Minnesota's Health Records Act (Minn. Stat. §§ 144.291-144.298), meaning their health information for these services is generally confidential and cannot be shared with a guardian without the minor's permission, unless allowed or required by law. This authorization does not apply to these categories of care, as the minor holds legal right to seek and consent.

**For purposes of this form, Ridgeview refers to Ridgeview Medical Center and all affiliated clinics, hospitals, and entities, including employees, business associates, and agents.*