

To comply with State law, St. Croix Health requires that a parent (not a step-parent or foster parent) or legal guardian (court-appointed guardian) consent to the care of minor children. In the event that a parent or legal guardian is unable to consent to care, the parent or legal guardian may delegate the right to consent to another adult. In the event that a minor child presents for a non-urgent dental/medical/mental health treatment appointment without a parent or legal guardian or a signed consent, treatment may be denied.

PLEASE PRINT

I/We (parent's name) _____ authorize

Appointee's name: _____

Relationship: _____

Appointee's address: _____

Appointee's phone number: _____

To consent to:

- Dental emergent or urgent care with St. Croix Health Dental Services.
- Emergent or urgent care at St. Croix Health when I cannot be reached to include mental health treatment.
- Medical or mental health treatment at St. Croix Health including immunizations, lab work and other diagnostic, but not including any surgery or other procedures which require anesthesia, except for a local anesthetic.
- Any and all necessary medical/mental health treatment, surgical care and treatment at St. Croix Health for my child:

Child's Name: _____ Child's DOB: _____

During the period:

- Date (month/day/year) ____/____/____ to ____/____/____
- For a maximum period of 1 year

St. Croix Health providers should attempt to contact me before providing care at the following number(s):

Home phone: _____ Work phone: _____ Cell phone: _____

I further agree to reimburse St. Croix Health/health care provider for the cost of rendering these services to the extent that my insurance does not pay for these services.

Signature of Parent / Legal Guardian

Date