



Medical Decision Authority for Minor

Name (please print) _____ DOB _____ MHCD ID # _____

I _____ state and attest that I may legally consent to medical, mental health and/or substance abuse treatment for the above listed minor child under the following authority:

- Biological Parent
- Adoptive Parent
- Department of Human Services Representative – Department has custody of minor and authority to consent to the treatment of same.
- Other Legal Guardian – A legal guardian appointed by a court to have medical decision making authority.
- Delegated Authority – A parent or guardian of the minor has, by a power of attorney, delegated the medical decision authority for a period of up to twelve months.
- Self – Minor who is at least 15 years old and wishes to consent to services.
- Other: Please provide explanation: _____

Divorce Proceedings or Other Legal Proceedings

Have there been any legal proceedings or actions that have affected the decision making authority regarding the minor child, including but not limited to: a divorce proceeding, a legal separation proceeding, a paternity proceeding, a termination or limitation of parental rights, or an assignment of legal custody/guardianship. Yes No

If “yes”, please provide explanation: _____

If there is a court order or stipulated parenting agreement, who has been assigned medical decision making authority regarding the minor child?

- Father has sole medical decision making authority.
- Mother has sole medical decision making authority.
- Parents have shared medical decision making authority.
- Other: Please provide explanation: _____

Documentation

The person signing this statement should attach documents verifying their legal authority to make medical decisions for the minor child, unless the person signing is the child or if the person signing is the biological or adoptive parent of the child and there have been no legal proceedings or actions that have affected their decision making authority regarding the minor child.

Signature: _____ Date: _____

Relationship to the Child: _____