

Patient Label

## Authorization for a Non-Custodial Caregiver to Consent to Treatment of a Minor

### For unaccompanied minors:

I (We), the undersigned, parent(s)/legal guardian/person having legal custody of \_\_\_\_\_, a minor, do hereby provide consent to the  
*(name of minor)*

medical diagnosis, care and treatment of the aforementioned minor patient when he/she presents for care at University HealthCare Alliance without the presence of a parent/legal guardian/person having legal custody.

OR

### To designate authorized agents to accompany minor:

I, \_\_\_\_\_, am the  
*(legal guardian name)*

- Parent
- Guardian
- Other person with legal custody \_\_\_\_\_  
*(describe legal relationship)*

of: \_\_\_\_\_, a minor. Date of Birth \_\_\_\_\_  
*(name of minor)*

I hereby authorize: \_\_\_\_\_, and/or  
*(name)*  
\_\_\_\_\_, to act as my agent to  
*(name)*

consent to any X-ray examination and/or medical diagnosis or treatment, and clinic care, which is recommended by, and to be rendered under the general or special supervision of, any licensed provider, where such diagnosis or treatment is rendered at the doctor's office.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or clinic care being required, but is given to provide authority to the above-named agent to give consent to any, and all such diagnosis, treatment, or clinic care that a licensed provider or recommends.

I hereby authorize any clinic providing treatment to the above-named minor to surrender physical custody of the minor to the above-named agent upon the completion of treatment.

EXPIRATION: This authorization will automatically expire one (1) year from the date of execution unless a different end date is specified: \_\_\_\_\_  
*(insert date)*

unless sooner revoked in writing delivered to the agent named above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

University HealthCare Alliance ("UHA") is a medical foundation affiliated with Stanford HealthCare and Stanford medicine. UHA contracts with several physician groups to provide the medical care in the UHA clinics. Neither UHA, Stanford HealthCare nor Stanford University employ the physicians in the clinics and do not exercise control over the professional services provided by the physician group.