Medical Consent Authorization

Act 52 of 1999 Medical Consent Act

I, _____, am the Parent/ Legal Guardian (if Legal Guardian, attach copy of court order) of the child(ren) listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

I, _____, do hereby confer upon
(Name of Parent or Legal Guardian or Custodian)

_____
(Name of Person Bringing Child(ren) for Care)

residing at_____
the power to consent to necessary medical or mental health treatment for the following child(ren):

1) Name:_____Born on:_____

Residing at:_____

2) Name:_____Born on:_____

Residing at:_____

3) Name:_____Born on:_____

Residing at:_____

and on the child(ren)'s behalf do hereby state that the power to consent that I confer shall not be affected by my subsequent disability or incapacity.

The power that I confer is specifically limited to health care and mental health care decision making, and it may be exercised only by the person named above.

The person named above may consent to the following examinations and treatment for my child(ren) (check all that apply):

_____Medical _____Surgical _____Mental Health

_____Immunizations _____Development _____ Dental

_____Other (specify)

and may have access to any and all records, including, but not limited to, insurance records regarding any such services.

I confer the power to consent freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency. This document (which consists of two pages) shall remain in effect until it is revoked by my written notification to my child (ren)'s medical, mental health care, and insurance providers, and the person named above.

In witness hereof, I have signed my name to this medical consent authorization, on this ____ day of _____, 20__ in _____, Pennsylvania.

_____
(Printed Name) of Parent or Legal Guardian

_____
(Signature) of Parent or Legal Guardian

_____
(Witness Signature)

_____
(Witness No. 1 Printed Name and Address)

_____
(Witness Signature)

_____
(Witness No. 2 Printed Name and Address)

_____
(Signature of Adult Person who is Being Given Power to Consent)