

PIONEER

Family Practice, PLLC
5130 Corporate Center CT SE
Lacey, WA 98503

AUTHORIZATION FOR EVALUATION AND/OR TREATMENT OF A MINOR CHILD UNACCOMPANIED BY A PARENT OR LEGAL GUARDIAN

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all** medical and/or treatment provided by Pioneer Family Practice, PLLC. Please complete this form if your child will be coming for a visit or treatment without a parent or legal guardian. This consent is valid for the specified time period with a maximum of one year from the date signed or the age of the child enter in the "to" space.

Minor Patient:

Name _____
Address _____
City _____ State _____ Zip code _____
Date of birth _____ Phone _____

Time Period:

Written consent is valid for the time period of: _____ to _____.
(may enter an age)

Authorization for
other individual
to accompany
minor patient
under 18
years of age.

I authorize _____
(Name of person being authorized) Relationship to patient _____

To give consent to medical treatment by Pioneer Family Practice, PLLC on behalf of my child listed above. The above-named individual(s) may also receive test results and additional information pertinent to the care and treatment of this minor child. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

Parent/legal guardian signature Date signed

Phone number (in case of emergency)

Authorization for
Minor patient to
be unaccompanied
For treatment by
Pioneer Family
Practice, PLLC.

I authorize and give consent for my child, listed above, to go independently to an appointment and consent to all medical and/or treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

Parent/Legal Guardian Date Signed

Phone number (in case of emergency)

Minors can be seen **without parental/guardian consent for the following:

- If the minor is emancipated (legally independent) or married to someone at or above age 18. (RCW 26.28.020)
- In the event emergency care is necessary. (When impractical to get parental consent first)
- For birth control and pregnancy-related care at any age. (See State v. Koome)
- For outpatient drug- and alcohol-abuse treatment beginning at age 13. (RCW 70.96A.095)
- For outpatient mental health treatment beginning at age 13. (RCW 71.34.500 and 71.34.530)
- For sexually transmitted diseases, including HIV/AIDS, beginning at age 14. (RCW 70.24.110)