MN Consent for Treatment of a Minor & Unaccompanied Minor

A patient under the age of 18 is a minor and must have the consent of a Legal Representative before health care services are provided, apart from a few exceptions.[1]

Minor's Name: _____ Date of Birth: _____

CONSENT TO TREAT. As the above-named minor's Legal Representative,[2] I hereby authorize and give consent to WinnMed, its hospitals, clinics, staff, and providers to administer diagnostic and/or medical treatment, for the above-named Minor.

This authorization includes consent to mental health and substance abuse treatment, which a parent or guardian may authorize on behalf of a minor, including over the minor's objection. If the minor objects to inpatient admission, the matter may be referred to juvenile court.

This release form is for the purpose of authorizing continued medical treatment. I hold harmless the healthcare providers and others who act in good faith upon this authorization.

CONSENT FOR TREATMENT WHEN LEGAL REPRESENTATIVE IS NOT PRESENT. Complete this section if your child may arrive for appointments without you – for example, accompanied by another adult (grandparent, sibling, family friend), or, if age 12 or older, alone. Without this authorization, *the appointment may be rescheduled until the appropriate permission is obtained.*

As the Minor's Legal Representative, I authorize and give consent to WinnMed, its hospital, clinics, staff, and providers (***initial*** all that apply):

[ ] **Minor arrives with a listed adult:** to administer and/or perform all diagnostic and/or medical treatment (including the administration of anesthetics) which the attending physician deems necessary, if the minor is accompanied by one of the following designated adults:

_____, _____
Print name Relationship

_____, _____
Print name Relationship

_____, _____
Print name Relationship

[1] Exceptions to the requirement for parental/guardian consent:
- Minor Living Apart and Managing Financial Affairs
- Married Minor
- Minor as Parent
- Pregnancy
- Venereal Disease
- Alcohol or Drug Abuse
- Nonresidential Mental Health Services
- Emergency Treatment
- Hepatitis B Vaccination
- Court-Ordered Treatment of a Minor
- Abortion (for abortion-related care, consult Minnesota law)

[2] The following may be considered a Legal Representative: Parent, Guardian, or Legal Custodian who has authority to make health-care decisions, as defined by facility policy.

[ ] **Minor arrives alone:** administer diagnostic and/or medical treatment to an **unaccompanied** minor (may come to the clinic on own if 12 or older[3]), with the exception of immunizations/vaccinations or injections (*immunizations/vaccines will not be administered unless a Legal Representative, or the designated listed below, is present*).

[ ] **Listed adult can sign for vaccines/injections**: to allow the following adult to sign a consent for the administration of immunizations/vaccines or injections(*excluding STD-related vaccinations, including hepatitis B and HPV, as these vaccinations require consent from the Legal Representative*).

[ ] **Telehealth services**: to administer diagnostic, medical, and other health services via telehealth consistent with organizational policy.

_____, _____
Print name Relationship

_____, _____
Print name Relationship

_____, _____
Print name Relationship

If the Legal Representative wishes to revoke any aspect of this document, it is the responsibility of the Legal Representative to notify WinnMed in writing of any revocation. The Legal Representative understands that any such revocation does not apply to services that were performed before the date of revocation.

This release shall expire on _____.[4]
(date)

Legal Representative's Name: _____
(Print Name)

Legal Representative's Signature: _____ Date: _____

Legal Representative's Address: _____

Legal Representative's Phone: _____ _____ _____
Home Cell Work

If signing electronically, I agree and understand that all electronic signatures are the legal equivalent of my manual/handwritten signature.

Legal Representative's Electronic Signature: _____Date: _____

[3] The age 12 requirement in this section is a facility policy, not a statutory age floor.

[4] If no expiration date is specified, this authorization shall remain in effect until the earlier of: (a) six (6) months from the date of signature; or (b) receipt of a written revocation, as described above.