

To comply with State law, St. Croix Health requires that a parent (not a step-parent or foster parent) or legal guardian (court-appointed guardian) consent to the care of minor children. In the event that a parent or legal guardian is unable to consent to care, the parent or legal guardian may delegate the right to consent to another adult. In the event that a minor child presents for a non-urgent medical/mental health treatment appointment without a parent or legal guardian or a signed consent, treatment may be denied.

PLEASE PRINT

I/We (parent's name) _____ authorize

Appointee's name: _____

Relationship: _____

Appointee's address: _____

Appointee's phone number: _____

To consent to:

- Emergent or urgent care at St. Croix Health when I cannot be reached to include mental health treatment.
- Medical or mental health treatment at St. Croix Health including immunizations, lab work, imaging and other diagnostic tests, but not including any surgery or other procedures which require anesthesia, except for a local anesthetic.
- Any and all necessary medical/mental health treatment, surgical care and treatment at St. Croix Health for my child:
- Minor patient to present for an appointment unaccompanied by an adult

Child's Name: _____ Child's DOB: _____

During the period:

Date (month/day/year) ____/____/____ to ____/____/____

For a maximum period of 1 year

St. Croix Health providers should attempt to contact me before providing care at the following number(s):

Home phone: _____ Work phone: _____ Cell phone: _____

I further agree to reimburse St. Croix Health/health care provider for the cost of rendering these services to the extent that my insurance does not pay for these services.

Signature of Parent / Legal Guardian

Date

ST. CROIX HEALTH
235 State Street ~ St. Croix Falls, WI 54024

UNDERAGE CONSENT FORM