Behavioral Health, Community Wellness, Emergency Medical Services, Health Services, Public Health Programs, Senior Citizen, Social Services, and Vocational Rehabilitation Programs

AUTHORIZATION TO TREAT PEDIATRIC PATIENT IN ABSENCE OF PARENT OR GUARDIAN

I,_____, the parent / legal

(printed name, date of birth and phone number of parent/legal guardian)

guardian of _____, hereby authorize the following individual(s) to

(printed name and date of birth of my child)

to accompany my above-named child and provide consent for services at Jemez Health & Human Services including, but not limited to, the examination and/or treatment, diagnosis, vaccination, hospitalization, or preventive treatment of my child:

1) _____ _____

(printed name and date of birth of adult bringing child) *(relationship to child)*

2) _____ _____

(printed name and date of birth of adult bringing child) *(relationship to child)*

This authorization:

☐ **is effective only on** _____

(month/day/year)

☐ **is effective from** _____ **to** _____

(month/day/year) *(month/day/year)*

I reserve the right to revoke this authorization at any time by contacting Jemez Health & Human Services. Consent cannot be revoked for services that have already been performed.

1. I affirm that I have the legal right to consent to this.
2. This consent is binding for one (1) year, or sooner if specifically revoked by myself or another person who has the right to signor revoke this form.
3. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of examination or treatment.

_____

Signature of Parent/Guardian Date

_____

Signature of Witness Date

Jemez Health & Human Services
P.O. Box 279 • Jemez Pueblo • New Mexico • 87024
(575) 834-7413 • Fax (575) 834-7517