

MEDICAL SERVICES CONSENT – CHILD WELFARE FACILITIES

Use of form: Use of this form is voluntary. However, completion will help ensure compliance with DCF 52 and 57 of the Wisconsin Administrative Code. Personally identifiable information gathered on this form will be used for identification purposes only. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The authorization is to be completed by the parent or guardian of the child in care and shall be valid for the duration of that child's placement. If additional space is required, attach separate sheet(s).

A. Facility Information

| | |
|--|-----------------------------|
| Name – Facility | Telephone Number – Facility |
| Address – Facility (Street, City, State, Zip Code) | |

B. Child Information

| | |
|--|------------------------|
| Name – Child (Last, First, MI) | Birthdate (mm/dd/yyyy) |
| Home Address – Child (Street, City, State, Zip Code) | |

C. Parent / Guardian / Legal Custodian Information

1. Name – Parent / Guardian / Legal Custodian

| | |
|--|--------------------------|
| Address – Home (Street, City, State, Zip Code) | Telephone Number – Home |
| Address – Work (Street, City, State, Zip Code) | Telephone Number – Work |
| Address – Other | Telephone Number – Other |

2. Name – Parent / Guardian / Legal Custodian

| | |
|--|--------------------------|
| Address – Home (Street, City, State, Zip Code) | Telephone Number – Home |
| Address – Work (Street, City, State, Zip Code) | Telephone Number – Work |
| Address – Other | Telephone Number – Other |

D. Routine Medical Services Consent and Exclusions

For purposes of routine medical services for the above-named child, I hereby give my consent for the above-named facility to approve the provision of routine medical services including medical and dental examinations and non-emergency prescribed treatments (e.g., tooth repair, immunizations, medications, reproductive health needs assessment). Note: Any medical examination or service provided shall be provided only by an individual licensed to perform the examination or service. Add any exceptions you may have to this provision in the space provided below.

E. Emergency Medical Services Consent and Exclusions

In case of a medical emergency involving the above-named child, I understand that the following procedures will be used. I hereby give my consent for the facility to arrange for emergency medical services using the following procedures:

1. A reasonable effort will be made to contact me and secure my consent for needed medical services, including surgical procedures.
2. Verbal consent may be obtained in an emergency situation where time or distance precludes obtaining written consent. It shall be documented in the child's record by indicating who obtained the consent, who gave the consent and that person's relationship to the child, and what specific services are authorized by the consent. Verbal consent is valid for 10 calendar days, during which time there shall be a good faith effort to obtain written consent.
3. If I cannot be located within a reasonable time, the facility has the authority to consent to emergency medical services including surgery.
4. The juvenile court has the authority to consent to other medical services.

Note: Any medical examination or service provided shall be provided only by an individual licensed to perform the examination or service.

F. Signatures

Parent / Guardian / Legal Custodian

(Required for all residents under 18 years of age and any residents 18 years of age or older who have been deemed incompetent by a court.)

Date Signed

Resident

(Between 14 and 18 years of age – whenever feasible.)

Date Signed

Resident

(18 years of age or older – Required unless resident has been deemed incompetent by a court.)

Date Signed