

## CONSENT TO TREAT MINOR

Iowa law requires hospital and physicians to have the consent of a parent or legal guardian before treating minors. This law applies in all, except life-threatening situations. This form is a legally valid indication of consent for treatment. It must be completed fully, signed by a parent or guardian and discussed with anyone who would be caring for your children in your absence.

In the event of an emergency, this form should be brought with the child to the emergency facility.

If my child/children listed below may require medical and/or surgical care while I am unable to be reached, I hereby authorize the person(s) named below to act as temporary guardian for said child/children for the purpose of providing consent for medical and/or surgical treatment in the office or in the hospital.

|      |       |                       |
|------|-------|-----------------------|
| Name | Phone | Relationship to Child |
| Name | Phone | Relationship to Child |
| Name | Phone | Relationship to Child |

For the following child/children:

|      |     |     |
|------|-----|-----|
| Name | SSN | DOB |
| Name | SSN | DOB |
| Name | SSN | DOB |
| Name | SSN | DOB |

These authorizations shall remain effective until otherwise revoked by me in writing.

\_\_\_\_\_  
Signature of parent/legal guardian/person having legal custody. *(If signed by other than parent, please indicate.)*

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Date

\*\*In the event I am not able to accompany my child to Quad Cities Pediatrics, for the administration of immunizations, I authorize the above to sign consent for the administration of the vaccines.