

**DELEGATION OF AUTHORITY TO CONSENT TO TREAT
MINORS FORM (for Physician Practice Use Only)**

This delegation of authority to consent to treat a minor child allows the authorized individual below to make decisions about the medical care and services received by the minor child(ren) at _____ (name of clinic and hereafter clinic). If you would like to delegate authority to another individual capable of making health care decisions for a minor child, please review and complete the following form.

AUTHORIZATION:

I hereby authorize

_____ FULL NAME, DOB, Address, Telephone Number

as the delegated decision maker to consent to and authorize medical care and services as may be deemed necessary or advisable in the care, diagnosis and treatment of the minor child(ren) listed below and to receive protected health information for purposes of his or her involvement in their care. *(More than one child may be listed)*

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

LIMITATIONS:

Identify any specific limitations on the medical services for which this authorization is given *(If no limitations, please initial the statement below.)* The limitations will be applied to all children listed.

_____ No limitation on the kinds of medical services. (Please initial)

I hereby indemnify and hold harmless the clinic and all their employees, agents, attorneys, directors, insurers, affiliates, direct or indirect subsidiaries, related corporations, successors, heirs and assigns from any and all liability for acting in reliance on this delegation authorization. The individual authorized to make health care decisions (listed above) is permitted to make decisions or consent to the medical care and/or services for my child(ren) in my absence. I also agree to accept financial responsibility for all care and services delivered pursuant to this delegation authorization. This delegation authorization is valid for one year (1) following the date signed below unless withdrawn in writing to the clinic. The delegate named above may not delegate the authority conveyed to another representative. In the event of a divorce, the signature of the child(ren)'s custodial parent is required.

| | | |
|--|--------------------------|---|
| (Signature of appointed Health Care Representative, appointed Legal Guardian, Parent or Adult Sibling) <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Parent <input type="checkbox"/> In Loco Parentis <input type="checkbox"/> Adult Sibling | | Date/Time |
| Relationship to Patient | Interpreter, if Utilized | Date/Time |
| Witness Signature | Date/Time | If Telephone Consent, Second Witness Signature Date/Time |

**INSTRUCTIONS TO CLINIC STAFF FOR FILING OUT THE DELEGATION OF
AUTHORITY TO CONSENT TO TREAT MINORS FORM**

Persons in Indiana who may “delegate” the legal authority to consent to health care and services on behalf of a minor child pursuant to I.C. §16-36-1-6 are:

- An appointed “**Health Care Representative**” or judicially appointed “**Guardian**”, BUT
 - If there is no appointed Representative or judicially appointed Guardian, OR
 - The appointed Representative or judicially appointed Guardian is not reasonably available or declines to act, OR
 - The existence of the appointed Representative or judicially appointed Guardian is unknown to the health care provider, THEN,
- A **Parent**, OR
- An Individual **In Loco Parentis***, OR
- An **Adult Sibling**, IF
 - A Parent or Individual In Loco Parentis is not reasonably available or declines to act, OR
 - The existence of the Parent or Individual In Loco Parentis is unknown to the health care provider.

* **In Loco Parentis** means “in the place of a parent.” In Loco Parentis refers to a person who has put himself/herself in the situation of a lawful parent by assuming the obligations incident to the parental relation without going through the formalities necessary for legal adoption. It embodies the two ideas of: (1) assuming the parental status and (2) discharging the parental duties.