



**Arranging consent for your child's routine or emergency medical and/or dental care when parent/guardian is not present**

***Northern Health Centers  
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In most cases, a child's parent or legal guardian must give consent before a child can be treated.

To make sure your child will be treated while the parent/guardian is not present, it is best to leave a witnessed consent form with the adult caring for your child.

Please take the time to fill out this form and leave it with the person you are trusting to care for your child.

Please understand that this form is NOT intended to replace any other forms that NHC may require prior to treating your child. (Example: Health History and HIPAA documentation) All other documentation will need to be updated prior to any treatment being initiated.

Depending upon the type of treatment the child is receiving additional separate informed consent documentation may need to be signed. The rendering provider treating the child may require you, the parent/guardian, to sign this additional consent form prior to initiating treatment of the child. This form is not intended to replace such required documentation.

In the event of a life-threatening emergency, the child may be treated without parental consent. We will do our best to contact the parents or legal guardians.

### Consent Form

I, \_\_\_\_\_  
The parent/guardian of

\_\_\_\_\_

Hereby authorize

\_\_\_\_\_

To consent for treatment of my child for medical and dental care. I further consent to give rights to the rendering provider to carry out any treatment deemed necessary by her/him including but not limited to what is currently on my child's treatment plan. This authorization shall be valid from

\_\_\_\_\_ to \_\_\_\_\_

I do hereby indemnify and hold harmless the dentists, physicians, hospital, clinic, and other persons who act in reliance upon this authorization.

Parent Signature:

\_\_\_\_\_

Witness:

\_\_\_\_\_

Date:

\_\_\_\_\_

Phone number where parent/guardian can be reached:

\_\_\_\_\_

Please provide an alternate phone number:

\_\_\_\_\_