

## KINSHIP DECLARATION / MINOR CONSENT TO TREAT- PLEASE CHECK WHICH APPLIES

□ K	nship Caregivers Inform	ed Consent Declaration f	for Minors
	•	sent to health care on behalf of a child the following order of priority (RCW 7.	under the age of 18 must be a member 70.065)
The fo	llowing declaration applies to a per	rson in category checked off below:	<u>.</u>
	A guardian or legal custodian appointed	d by the court	
	Authorized by the court to consent to m	nedical care for a child	
	Parents of the minor patient		
	A person to whom the minor's parent ha	as given a signed authorization	
	Competent adult representing himself or herself to be a relative responsible for minor's health care  O A dated, signed declaration (under penalty of perjury) that they are responsible of minor is required.		
I	arr	n a relative / appointed representative	of
0::-	u this Deslanation for Minera I are reco	unansikla fambia ambambanlık annı yandı	(minor patient name)
Signin	this Declaration for Minors, I am res	ponsible for his or her health care und	er penalty of perjury.
	Signature	Relationship to minor patier	nt Date
т	nis declaration is effective for n	o more than six (6) months fron	n the date on which it is signed
exercis a paren • • • • •	e professional judgment regarding conset or guardian's consent. A minor may confit the minor is emancipated (legally indeed in the event emergency care is necessary for birth control and pregnancy-related for outpatient drug- and alcohol-abuse for outpatient mental health treatment for sexually transmitted diseases, includer consent to care as allowed by law. He	nt. However, state law allows minors the insent to medical care: ependent) or married to someone at or abary. (When impractical to get parental con	.96A.095) d 71.34.530) W 70.24.110) c aspect of care, which would prohibit the
lf a min request <b>Adva</b> l	or is treated, needs consent, and the par and release records and discuss care w nce Consent to Treat a Minor	rent or guardian provide such consent, the ithout the child's express written permission	en the parent or guardian has the authority to on.
diagnos Washin require	is rendered under the supervision of any gton. It is understood that this authorizati	duly licensed physician licensed under the ion is given in advance of any specific dia	
List an	y restrictions (i.e no prescription refill	s, treatment, etc):	
Sianed		Expires:	1
J	(Minor's Parent / Legal Gu	uardian)	/ Date