

Authorization for Consent to Treat a Minor



For your peace of mind

The attached form gives hospital emergency staff permission to give your child non-emergency treatment if he or she is under 18 and you cannot immediately be reached. Although immediate care is always given for life-threatening conditions, non-emergency treatment could be delayed until your consent is obtained.

Once you have completed this form, give copies to those who care for your child while you are at work or away. The form must be renewed every six months.

To have additional copies of this consent form mailed to you, please call Samaritan Health Services' Physician Referral Network toll-free at 1-800-863-5241.

For acute medical conditions, please visit one of the following clinics: (walk-in patients welcome)

Samaritan Urgent Care - Albany - 1700 Geary St. SE • 541-812-5500

SamCare Express - Corvallis - 990 NW Circle Blvd, Suite 101 • 541-768-5166

Samaritan Urgent Care - Lebanon - 35 Mullins Drive, Suite 2 • 541-451-7915

Samaritan Coastal Clinic - Lincoln City - 825 NW Hwy 101, Suite A • 541-996-7480

Samaritan Depoe Bay Clinic - 531 NW Hwy 101, Suite A • 541-765-3265

Samaritan Urgent Care - North Albany - 400 NW Hickory St., Suite 303 • 541-812-5275

Samaritan Pacific Walk-In Clinic - Newport - 930 SW Abbey St., Suite F • 541-574-4860

Samaritan Urgent Care - Corvallis - 5234 SW Philomath Blvd. • 541-768-4970

For life-threatening emergencies,

please visit the Emergency Department at one of the following hospitals:

Samaritan Albany General Hospital, Albany
1046 Sixth Ave. SW • 541-812-4000

Good Samaritan Regional Medical Center, Corvallis
3600 NW Samaritan Drive • 541-768-5111

Samaritan Lebanon Community Hospital, Lebanon
525 N Santiam Hwy • 541-258-2101

Samaritan North Lincoln Hospital, Lincoln City
3043 NW 28th St. • 541-994-3661

Samaritan Pacific Communities Hospital, Newport
930 SW Abbey St. • 541-265-2244

For all other associated Samaritan Health Services clinics, please call 1-800-863-5241.





Place Patient Label Here

Dear Parent/Guardian:

This form may be used if your child requires medical attention and you cannot be contacted. This completed form will need to be brought in with your child by the person you are authorizing below.

I, _____, certify that I am the Parent Legal Guardian of:
Parent / Legal Guardian (Print Name)

Child's full name: _____ Child's date of birth: _____

Chronic illness or allergies:
Current Medications:
Date of last D.P.T. immunization:

As the parent or legal guardian, I hereby authorize: _____
(Full Name/ Adult bringing in patient)

(Address) (Phone Number)

Driver's License or ID number: _____

The above-named person who is 18 years of age or older to consent to the following treatment for my child:

Emergency Care Surgical Treatment Routine Medical Care Immunization

The above-named person deems advisable if I cannot reasonably be located through the information set out below when my child is brought in for treatment.

This authorization will be effective as of (date) _____, and will expire in six (6) months, or on (date) _____, whichever applies first.

During this period the Parent or Guardian will be at the following location(s):

Home address of Parent/Guardian: _____

Phone Number of Parent/Guardian: _____

Employer(s): _____ Phone number: _____

Child's Physician: _____ Phone number: _____

Mother/Guardian Signature

Father/Guardian Signature

Witnessed by: _____

- SHS Use Only -Attach a copy of the Photo ID of the authorized adult bringing in the child.

SHS Use Only -Place Copy of Photo ID Here



NOTE: Physicians are authorized by law to treat emergencies as well as other protected treatments without written consent. See policy below for laws specific to Oregon.

State of Oregon

- a. Consent is not needed for an emancipated minor. In Oregon an emancipated minor is anyone who is married, OR a person declared by the courts as an emancipated minor.
- b. The physician/designee should attempt to contact the parent before any treatment of a minor not protected by law (see c. below), regardless of the absence or presence of a written consent.
- c. Minors treatments protected by law, that do not require parental consent are:
 - Sexually transmitted disease
 - HIV testing
 - Contraception advice and treatment
 - Pregnancy care/abortion at or above the age of 15
 - General medical treatment problems at or above the age of 15
 - Mental Health at or above the age of 14 may give permission for outpatient mental health services without parental consent. But, parents must become involved before treatment ends unless the parent refuses to become involved or it is not clinically indicated.
 - Outpatient Drug/Alcohol at or above the age of 14
 - Child Abuse Assessment Services
 - Donation of Blood age 16