



13210 SE 240th St, Suite C-1 • Kent, WA 98042
Phone: (253) 639-3336 • Fax: (253) 639-3883

Minor Form

Persons authorized to provide informed consent to health care on behalf of a child under the age of 18 must be a member of one of the following classes of persons in the following order of priority (RCW 7.70.065):

1. A guardian or legal custodian appointed by the court;
2. A person authorized by the court to consent to medical care for a child in out-of-home placement pursuant to the dependency and termination of parental rights statutes;
3. Parents of the minor patient;
4. A person to whom the minor's parent has given a signed authorization to make health care decisions for the minor patient; and
5. A competent adult representing himself or herself to be a relative responsible for the health care of such minor patient or a competent adult who has signed and dated a declaration under penalty of perjury stating that the adult person is a relative who is responsible for the health care of the minor patient.

Patient Name: _____ Patient Date of Birth: _____

The following declaration applies to a person in Category 5 listed above.

I _____ am relative of _____

and am responsible for his/her health care. I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Parent/Guardian:

Parent/Guardian Name: _____ Relationship: _____

Social Security #: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City _____ State: _____ Zip: _____

Employer: _____

Address: _____ City _____ State: _____ Zip: _____

Signed at: _____

Location

Date

Parent/Guardian Signature

Relationship to Patient

Date