

**Consent to Medical Care and Treatment of Minor Children**

Hospitals and physicians may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency and parent/guardians are not readily available to consent to treatment.

Copies of the form will be made available to International Education Division, International Student Services, Housing and Student Life offices of Edmonds Community College.

I, \_\_\_\_\_, the natural parent/legal guardian of

\_\_\_\_\_ (student), authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, and it is not advisable to take the time to contact me in advance.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and risks, complications, and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date