



CNSNT

**CONSENT FOR TREATMENT OF ADOLESCENT  
WITHOUT PARENT/GUARDIAN  
(12-17 YEARS OLD)**

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I, \_\_\_\_\_, request and give consent to this office and its doctors and nurses  
(Parent/Guardian/Decision Maker)

to provide medical care to \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ without a parent/guardian or  
(Name of Adolescent Child) (Date of Birth)

adult decision maker present.

I authorize the following treatment as indicated by my initials below:

- Routine health maintenance (physician exams) \_\_\_\_\_  
Initial
- Medical care for illness \_\_\_\_\_  
Initial
- X-rays and laboratory tests \_\_\_\_\_  
Initial

**Immunizations require a separate consent signed by a parent or guardian.**
**Under Delaware law, adolescents may consent for care related to reproductive health.**

This consent expires on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or child's 18th birthday. This consent may be changed at anytime but the  
(Date)

change is not retroactive for medical treatment that has already been provided. To cancel this consent, please provide this office with written notification.

I certify that I have read the above consent, or it was read to me, and I understand it. In addition, I have been offered the opportunity to ask any questions I have regarding my consent. My questions have been answered to my satisfaction.

Signature of Patient or Decision Maker	Relationship to Patient	Date	Time
Doctor or Provider Signature	Doctor or Provider Print Name or ID#	Date	Time
Witness Signature	Witness Print Name	Date	Time

**Telephone Consent:**

Name of person providing consent	Relationship to Patient if Decision Maker
Witness Signature	Witness Print Name
Date	Time
Witness Signature	Witness Print Name
Date	Time

**Interpretation:** The information has been presented to the:  patient  representative  decision maker in: \_\_\_\_\_  
The person who provided the interpretation is a qualified medical interpreter. Language

Interpreter Name	Agency and ID# (if applicable)
Witness Signature	Print Name
Date	Time