

D.C. Code §16-4901

Authorization for Medical Consent for a Minor by an Adult Caregiver

SUGGESTED FORM

- 1. _____ I am the parent of the child(ren) listed below and there are no court orders now in effect which would prohibit me from exercising the power that I now seek to convey; OR
 _____ I am the legal guardian or custodian of the child(ren) by court order (copy attached, if available) and there are no other court orders now in effect which would prohibit me from exercising the power that I now seek to convey.
- 2. I am temporarily entrusting to _____, an adult who resides at _____, the care of the following child(ren):

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

- 3. The caregiver named above may consent to medical, dental, surgical and/or mental health diagnosis and treatment for the child(ren).
- 4. I am giving this consent freely and knowingly in order to provide for the child(ren) and not due to pressure, threats, or payments by any person or agency.
- 5. Upon notification of intent to revoke, there shall be a period of _____ hours before revocation takes effect. Notification of intent to revoke must be in writing.
 (put a line through those provisions that are not applicable)

I hereby swear or affirm that the above statements are true, under penalty of law.

 Name

 Date