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TELEPHONE CONSENT FOR MINORS

Patient Name: _____

Date: _____

Time: _____

FORM USE: THIS FORM DESCRIBES THE CIRCUMSTANCES UNDER WHICH THE FOLLOWING CONSENT(S) WAS OBTAINED BY TELEPHONE.

THE PATIENT IS UNDER 18 YEARS OF AGE

OTHER REASONS _____

THE CONSENT WAS OBTAINED FROM A PERSON WHO IDENTIFIED THESELVES AS:

(NAME OF PERSON PROVIDING CONSENT)

(ADDRESS OF PERSON GIVING CONSENT)

(HOME TELEPHONE NUMBER)

(WORK TELEPHONE NUMBER)

(RELATIONSHIP TO PATIENT)

(EMERGENCY PHONE NUMBER)

THE INFORMATION ABOUT THE TYPE OF CARE NEEDED AND/OR AUTHORIZATION REQUESTED WERE:

READ VERBATIM TO THE ABOVE PERSON.

STATED IN SUBSTANCE TO THE ABOVE PERSON TO AVOID DELAY IN UNDERTAKING TREATMENT.

THE CONSENT WAS OBTAINED:

PRIOR TO THE ADMINISTRATION OF MEDICAL CARE AND TREATMENT.

AFTER ADMINISTRATION OF EMERGENCY CARE AND TREATMENT WAS INITIATED.

THE PERSON CONSENTING WAS INFORMED THAT THE WITNESS WAS LISTENING ON THE EXTENSION TELEPHONE TO VERIFY THE CONSENT(S). YES

INFORMANT

WITNESS