**Form D**

**MEDICAL CONSENT**

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| Last Name of Youth: | First Name of Youth: |
| County: | Date of Birth: |

As a parent/guardian of a youth residing at George Junior Republic in Pennsylvania (GJR in PA), I hereby give medical consent for the following:

**Routine Health Care:** Routine health care includes health examinations, diagnosis, dental care to include examinations,

restoration and cleaning, vision, hearing, treatment for injuries and illness, and routine immunizations by GJR in PA Health

Services staff and/or by AGH Grove City Medical Center staff. I understand that treatment for my child’s diagnosis

may require x-ray, examination, laboratory, diagnostic, or other types of procedure(s).

**Disclosure of Protected Health Information (PHI):** Following office visits or treatments, health care information

is to be disclosed to GJR in PA by health care providers to ensure proper follow up care and compliance.

By signing below, I also acknowledge that:

* My child will not be permitted to be included in any experimental treatment or procedure without further written consent from me, the parent/guardian.
* A separate written consent must be obtained from me (the parent/guardian), or if I (the parent/guardian) cannot be located, by Court Order, for each incident of non-routine treatment such as elective surgery or experimental procedures.
* If a life threatening emergency occurs, or in those instances where AGH Grove City Medical Center is unable to meet the needs of my child, my child may be transferred to another medical facility in order to receive the necessary treatment.

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| ***Parent/Guardian Printed Name*** | ***Parent/Guardian Signature*** | ***Date*** |

Verbal Consent has been provided and requires with **TWO** witness signatures

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| ***Witness 1: Placing Agency/GJR Representative Printed Name*** | ***Witness 1: Placing Agency/GJR Representative***  ***Signature*** | ***Date*** |
|  |  |  |
| ***Witness 2: Placing Agency/GJR Representative Printed Name*** | ***Witness 2: Placing Agency/GJR Representative***  ***Signature*** | ***Date*** |