



The Polyclinic, PLLC dba Optum Care Washington, PLLC

Authorization to Treat a Minor

Patient Label Here or	
Patient Name	_____
Date of Birth	_____
MRN	_____

Authorization to Consent for Treatment of a Minor

In my (our) absence, I (we) the undersigned parent, parents, or legal guardian of _____, a minor, do hereby authorize and consent to the following adult(s) to accompany my child and to provide consent to medical or surgical treatment for my child.

Print Name

Relationship to patient

Consent to Care for an Unaccompanied Minor

I (we) the undersigned parent, parents, or legal guardian of _____, a minor, do hereby authorize and consent to The Polyclinic dba Optum Care Washington (OCW) to provide needed medical or surgical care/treatment.

Such consent to either section noted above may include but is not limited to: clinic visits; medical treatment; tests; imaging studies (including any x-ray examination); injections; immunizations; medications; anaesthetic, medical or surgical diagnosis rendered under the general or special supervision of any duly licensed physician licensed under the provision of the laws of the State of Washington. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide OCW and its clinical staff the authority and power to render care in the exercise of their best judgment may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization shall remain effective until revocation in writing by the undersigned.

Printed name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

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The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call 1-206-329-1777, TTY 711. ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-206-329-1777, TTY 711. 請注意：如果您說中文，我們免費為您提供語言協助服務。請致電：1-206-329-1777, TTY 711