



Ninilchik Traditional Council Community Clinic

P.O. Box 39368, Ninilchik, AK 99639
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(907)567-3970
(907)567-3902
www.ninilchiktribe-nsn.gov

Parental Authorization for Consent to Medical Care of Minor

This form grants authority to a designated adult to consent to medical care, provided by the staff of the Ninilchik Traditional Council Community Clinic, for my minor child in the event that they are unable to be accompanied by parent or legal guardian.

Minor/Child Name: _____ Date of Birth: _____

I do hereby state that I have legal custody of the aforementioned minor child. In signing this document I give the designated adult the authority to consent to medical care for my minor child.

Parent/Legal Guardian Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Designated Adult Name: _____ Phone Number: _____

I hereby authorize the aforementioned designated adult to consent to medical care on my behalf for my minor child in the event that I am unable to be present for an appointment at the Ninilchik Traditional Council Community Clinic.

Such treatment may include, but is not limited to, the following:

- Transportation by Ambulance
- Medical Examination
- Medical Treatment
- Diagnostic Testing
- Immunization
- Medication
- X-ray

Excluded from my authorization: _____

As my signature below indicates, I understand the nature and purpose of the above services, procedures, and treatments, the risk involved, and the possible complications.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Prepared by: _____ Date: _____