McCook Clinic, P.C.

Return completed and signed consent to:
McCook Clinic, P.C.
Attn: Medical Records
P.O. Box 1207
McCook, NE 69001

Parent/Guardian Consent for Treatment for Patients Under the Age of 19

Patient Name (First, Middle, Last) _____

Date of Birth _____

McCook Clinic, P.C. provides preventative health care, treatment for illness or injury, and health education, on an outpatient basis. In some instances the McCook Clinic patients to health care providers in the community when it is deemed that the patient would be best served outside of the Center. Except in a few instances (for example, treatment related to sexually transmitted diseases, drug or alcohol abuse, or emergencies), the State of Nebraska requires that a person be 19 years of age before he/she can receive medical treatment without the consent of a parent or guardian. It is often difficult to reach a parent or guardian to obtain consent each time that a patient under 19 requires treatment, and it can be frustrating for the minor patient awaiting treatment. Therefore, parents/guardians are given this opportunity to provide the information on this form and consent below to facilitate treatment should a need arise.

As the parent or guardian with authority to consent on behalf of the minor patient listed above, I hereby give my consent for both emergency and routine medical and surgical treatments to be administered to this minor at the McCook Clinic should the health care providers at McCook Clinic determine his/her condition indicates, so long as the treatments are in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved.

I authorize the McCook Clinic to release to any representative or agent of any insurance company, health maintenance organization, employer, governmental agency any medical information related to the minor and requested for the purpose evaluating and/or processing claims for the payment of his/her health care services.

This consent shall remain valid at all times until the minor reaches the age of majority and lacks the capacity to provide consent for treatment or until the following date: _____.
All statements made above are true to the best of my knowledge.

_____ _____
Signature of Authorized Parent or Guardian Date

_____ _____
Street Address Day Phone

_____ _____
City, State, Zip Evening Phone