

Medically cleared? YES NO
Parent/Guardian: _____
Phone Number: _____

**BUTTE COUNTY JUVENILE HALL
ROUTINE MEDICAL AND EMERGENCY TREATMENT CONSENT**

I certify that I am the parent/legal guardian of _____, a minor. I hereby consent that the authorities of Butte County Probation Department and/or their contracted medical provider, and their designate may provide emergency services and medical treatment for the above named minor while in their custody. I also give consent to release medical information related to treatment to the health care provider at Butte County Juvenile Hall.

I also give my consent to the contracted medical provider to complete the above named minor's immunization/vaccine record as recommended by the Butte County Public Health Department.

I further authorize any physician or surgeon of good standing, selected by the above said authorities, to perform surgery or administer medical treatment, when in the opinion of such physician or surgeon such safety of said minor and when in the judgement of said physician or surgeon, the delay required to make contact with the undersigned would endanger the health and safety of said minor.

This form will be valid for one year from the date signed unless rescinded in writing by the undersigned.

Dated this _____ day of _____, 20_____

(Signature of Parent/Guardian) (Date)

(Witness) (Date)

Father's name: _____ Phone: _____

Address and city: _____

Mother's name: _____ Phone: _____

Address and city: _____

Name of last school attended: _____ City: _____

Name of person financially responsible for minor: _____

Is the minor covered by private health insurance? Yes No Medi-Cal? Yes No
Insurance Co. name and Address:

Policy holder: _____ Policy/ID#: _____
Policy holders social security #: _____ Medi-Cal #: _____

Please list any other places/phone numbers where a parent/guardian can be contacted in case of an emergency: _____