



# PRENTICE HOUSE INC.

PO Box 891 • 517 Beaser Avenue • Ashland, WI 54806 • 715.682.1160 • f:715.682.6101 • info@prenticehouse.org

## MEDICAL SERVICES CONSENT

### Child Information

First Name                      Mi. Int.                      Last Name                      Date Of Birth:

Home Address:

City    State    Zip Code

### Parent/Guardian/Legal Custodian Information

1. Name-Parent/Guardian/Legal Custodian                      Telephone Number (Home)

Address—Home (Street, City, State, Zip Code)                      Telephone Number (Work)

Address—Work (Street, City, State, Zip Code)                      Telephone Number (Other)

2. Name—Parent/Guardian/Legal Custodian                      Telephone Number (Home)

Address—Home (Street, City, State, Zip Code)                      Telephone Number (Work)

Address—Work (Street, City, State, Zip Code)                      Telephone Number (Other)

### Routine Medical Services Consent & Exclusions

For purposes of routine medical services for the above-named child, I hereby give my consent for **Prentice House** to approve the provision of routine medical services including medical and dental examinations and non-emergency prescribed treatments (e.g., tooth repair, immunizations, medications, broke bones).

**Note:** Any medical examination or service provided shall be provided only by an individual licensed to perform the examination or service. Add any exceptions you may have to this provision in the space provided below.

### Emergency Medical Services Consent & Exclusions

In case of a medical emergency involving the above-named child, I understand that the following procedures will be used. I hereby give my consent for **Prentice House** to arrange for emergency medical services using the following procedures:

1. A reasonable effort will be made to contact me and secure my consent for needed medical services, including surgical procedures.
2. Verbal consent may be obtained in an emergency situation where time or distance precludes obtaining written consent. It shall be documented in the child's record by indicating who obtained the consent, who gave the consent and that person's relationship to the child, and what specific services are authorized by the consent. Verbal consent is valid for 10 calendar days, during which time there shall be a good faith effort to obtain written consent.
3. If I cannot be located within a reasonable time, **Prentice House** has the authority to consent to emergency medical services including surgery.
4. The juvenile court has the authority to consent to other medical services.

**Note:** Any medical examination or service provided shall be provided only by an individual licensed to perform the examination or service.

Resident    Date Signed  
(Required for all residents entering into Prentice House)

Parent / Guardian / Legal Custodian                      Date Signed  
(Required for all residents under the age of 18)