

Juvenile Probation
Consent for Medical and/or Emergency Treatment

I _____, parent ¹ of _____, a minor child, hereby give my consent to the Twin Falls County Juvenile Probation (hereafter "County") and its legal representatives, agents, employees, and assigns, to furnish and/or solicit to furnish health care services to my minor child, including any health care service for the diagnosis, screening, examination, prevention, treatment, cure, care, or relief of any physical or mental health condition, illness, injury defect or disease of my minor child, while they are under the supervision of the County.

If my child is injured or ill while under the supervision of the County, I hereby give permission to the County to provide first aid for said child and to take the appropriate measures, including contacting Emergency Medical Services (EMS), and arranging for transportation to the nearest medical facility. Juvenile Probation will make every effort possible to contact the parent concerning medical and or mental decisions.

Furthermore, I give my consent to County to arrange for routine medical and/or dental care and/or mental health treatment on behalf of the above-named minor child as ordered by a Court of competent jurisdiction.

X _____
Parents Initial

I acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on the condition of my minor child and that I am responsible for all reasonable charges in connection with the transportation, care and treatment rendered to my minor child during his/her supervision by Juvenile Probation and will pay the same. I further authorize that this consent will be valid until my child's 18th birthday.

X _____
Parents Initial

I understand that I retain the right and duty to make decisions concerning the furnishing of health care services to my above-named minor child. By signing this document, I am giving a blanket consent to County to furnish and/or solicit to furnish health care services, as ordered by the Court, to my minor child while they are under the supervision of the County.

X _____
Parents Initial

Furthermore, notwithstanding a court order to the contrary, I understand that I can revoke my consent to allow the County to furnish and/or solicit to furnish health care services to my minor child in writing at any time.

X _____
Parents Signature

Date

¹ Parent means a biological parent of a child, an adoptive parent of a child, or an individual who has been granted exclusive rights and authority over the welfare of a child under state law. See I.C. § 32-1015(1)(f).