

**Snake River Juvenile Detention Center**  
**Consent for Medical and/or Emergency Treatment**

I, \_\_\_\_\_, parent of \_\_\_\_\_, a minor child, hereby give my consent to The Twin Falls County Snake River Juvenile Detention Center (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 services 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 in the custody of the County.

If my child is injured or ill while in the custody 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 the Emergency Medical Services (EMS), and arranging for transportation to the nearest medical facility. Juvenile Detention 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 treatment necessary to preserve the health and safety of my child.

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 stay at Snake River Juvenile Detention Center 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 to my minor child while they are in the custody of the County.

X \_\_\_\_\_  
Parental 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.

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).

X \_\_\_\_\_  
Parents Signature Date

\_\_\_\_\_  
Witness Signature Date