MINOR CHILDREN/GRANDCHILDREN
MEDICAL CONSENT AUTHORIZATION

Do you ever go on vacation and leave your children with family or friends? Conversely, have you ever been asked to babysit your grandchildren for an evening, weekend or longer? Do you leave your children with a babysitter to go to dinner or to see a movie? Do you allow your children to stay at grandma and grandpa’s house or at a friend’s house for the weekend or while you are on an extended vacation out of the state or overseas?

If you answered “yes” to any of the above questions, have you ever considered what would happen if your child was in a medical emergency while in the custody of a grandparent, relative, older sibling or neighbor and you were unavailable?

I. PROBLEM

If a minor child is taken care of by an individual other than his or her parents/legal guardians, the caregiver cannot make basic medical decisions on that minor child’s behalf. Only the parents/legal guardians can make medical decisions for the minor child. Moreover, a caregiver has no authority to make medical decisions for that minor child even if a medical emergency arises.

A babysitter, relative, adult sibling, grandparent or friend does not have the authority under California law to make a medical decision on behalf of a minor child or to make financial decisions related to that medical care. This means that a doctor or dentist cannot care for a minor child without the proper written authorization from the parents/legal guardians.

II. LAW

Under Federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides privacy rights for one’s medical records, so that no one else can have access to another individual’s medical records absent a court order of conservatorship/ guardianship or an adult patient’s prior written consent. For a minor, the parents/legal guardians have access to the minor’s medical records. However, no other person, even if one is the caregiver for the minor, can have access to the minor’s medical records or make an informed medical decision on the child’s behalf. This means that a doctor or nurse must refuse to inform the temporary caregiver of the minor child’s condition.

Although this may cause concern for parents/legal guardians, there is a simple solution. California law allows parents to grant the authority to make medical decisions on behalf of the minor child to a caregiver. (California Family Code Sections 6903, 6920 and 6921). Legal
III.  SOLUTION

Parents/legal guardians may give any adult written medical authority to consent to their minor child’s medical care through a formal written Medical Consent Authorization or in the form or a notarized letter outlining the authority of the third party. The third party’s authority is limited to the consent authorized in writing.

IV.  CONCLUSION

Please contact us if you are interested in completing a Medical Consent Authorization drafted pursuant to California Family Code Section 6910. By completing this form, parents/legal guardians can authorize any individual (i.e., a temporary caregiver, relative, babysitter, grandparent or friend) the ability to make medical decisions for a minor child while the parents/legal guardians are unable to do so. This ensures that in your absence, medical care and attention will be readily available to your minor child.

Should you have any questions, please do not hesitate to contact Attorney, Emily A. Foehr, at eaf@drobnylaw.com or call her at (916) 419-2100, extension 222.
MEDICAL CONSENT AUTHORIZATION

Pursuant to California Family Code §6910, I/we, and (parents), having legal custody of and (minor children), hereby authorize and (adult persons) into whose care such minor children have been entrusted from to , to consent to any X-ray examination (or any similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.

I/We accept all financial responsibility and to pay any and all costs for the foregoing. My medical insurance provider is and my insurance certificate number and/or group number is . A copy of that insurance card is attached to this Medical Consent Authorization.

Dated: 

Signed: 

Signed:
CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of California

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County of ________________ )

On the _____ day of _____________, 20__, before me, ______________________, a notary public, personally appeared _____________ and ______________, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature____________________

(Seal)
MEDICAL CONSENT AUTHORIZATION

Pursuant to California Family Code §6910, I/we, ____________ and ____________ (parents), having legal custody of ____________ and ____________ (minor children), hereby authorize ____________ and ____________ (adult persons) into whose care such minor children have been entrusted from ____________ to ____________, to consent to any X-ray examination (or any similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.

I/We accept all financial responsibility and to pay any and all costs for the foregoing. My medical insurance provider is ___________________________ and my insurance certificate number and/or group number is ___________________________. A copy of that insurance card is attached to this Medical Consent Authorization.

Dated: ___________________________

Signed: ___________________________

_________________________________

Signed: ___________________________

_________________________________
CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of California

County of ____________________

On the ______ day of ____________, 2013, before me, ________________________________, a notary public, personally appeared __________________ and __________________, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature __________________________

(Seal)