



COUNTY OF SAN BERNARDINO
STANDARD PRACTICE

No. 9-1.15

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By C. Ebbe

Effective 5/1997

DEPARTMENT

BEHAVIORAL HEALTH

SUBJECT

CONSENT FOR THE TREATMENT OF MINORS

Approved

Rudy Lopez
Rudy Lopez, Director

I PURPOSE

To establish uniform procedures, which ensure that appropriate consents for medical and mental health treatment of minors may be obtained.

II POLICY

Appropriate and lawful consents for any treatment provided are to be obtained in all cases of the treatment of minors. (See SPM 13-4.12 for specific procedures for medication consent for minors.)

III GENERAL ISSUES

A In general, a person who has current legal responsibility for a minor should sign the treatment consent form in the clinic in order for the minor to receive treatment. These persons typically include a parent with current parental right to consent to treatment, a legal guardian who has been given the right to consent to treatment, a court which is empowered to authorize treatment, a DPSS employee who has been delegated the right to consent, a foster parent, and a caregiver authorized by law (including Section 6550 of the Family Code) to consent to treatment. An emancipated minor or a "self-sufficient minor" may consent to his/her own treatment, and there are specific circumstances defined by law in which a minor can consent to his/her own treatment, some which are covered below. (See California laws For certain situations in which a minor can consent to his/her own care—Family Code 6920 et seq.)

B. WITNESS

The consent signature should be witnessed in person by a department physician, clinician, or clerk (unless authorization not to require in-person witnessing is given by the Program Manager II – see XIII below). A consent signature from a parent or authorized person who is unable to come to the clinic may be obtained in person by means of a home visit.

C. TIMELINESS

Since persons having physical custody of a minor may be unclear about whether they have the right to consent to treatment, in order to expedite the registration and treatment process, it is advisable to clarify this in advance, so that the person who initially will be bringing the minor to treatment knows what authorization papers may be necessary.

D. SEPARATE CONSENTS FOR THERAPY AND MEDICATION

Consent for psychotherapy or counseling for a minor does not imply or include consent for the use of psychotropic medications (which must have separate informed consent). (See SPM 13-4.12 for meds consent procedures for minors.)

E. WRITTEN AUTHORIZATIONS WILL BE KEPT ON FILE

If any person other than a parent signs a consent for treatment, a copy of his/her written authorization to do so, where applicable. Will be placed in the chart along with the consent form. This includes copies of letters of guardianship and conservatorship and related orders, Family Code 6550 affidavits, placement agreements, and DPSS court authorizations to consent to treatment (see V,VI,VII, VIII,IX and XIII B Below).

F. LIMITATION ON CONSENT (Probate Code Section 2356)

A person who is the guardian or conservator of a minor may not place the minor involuntarily in a mental health treatment facility (except as authorized in W&I Code 5150 et seq., 5350 et seq, or 6000 et seq.), consent to the use of experimental drugs (except as authorized by H&S Code 111515 et seq.), consent to convulsive treatment (except as authorized by W&I Code 5325 et seq, consent to sterilization of a minor.

A person who is the guardian of a minor may not in the absence of an emergency authorize surgery if the minor is 14 or older, in which case consent of both minor and guardian is required (or a court order). (Probate Code Section 2353)

IV. PARENTS

In the case of divorced parents, the consent of either is usually sufficient. However, if there is conflict between the parents about treatment, it may be necessary to review court papers to determine who has the right to make health care decisions for the minor. In any event, access to a minor's records to which a parent is otherwise entitled may not be denied to a parent solely because the parent is not the child's custodial parent. (Consult the Medical Records Office if you are unsure about a parent's right to his/her child's record.)

V. LEGAL GUARDIAN

Legal guardians must present their letters of guardianship from the Court, to verify their status as guardian before they will be allowed to consent to DBH treatment. The capacity of a guardian to consent to medical treatment for the minor will depend on the type of treatment. Except as otherwise specified in the letter of guardianship, a guardian may consent to non-surgical treatment to the same extent that a person can. As to surgical treatment, see III-F above.

VI. FOSTER PARENTS

Foster parents must produce the placement agreement for the child before being allowed to consent to the care of the minor. A foster parent's right to consent to treatment for a minor depends on whether the child has been placed with the foster parent (a) by court order or with the consent of the child's legal custodian, or (b) on a temporary basis before a detention hearing has been held. For the situation (a), a foster parent may consent for "ordinary" treatment. For the situation (b), foster parents generally have no authority to consent to treatment of a minor.

VII. RELATIVES AUTHORIZED BY FAMILY CODE 6550 TO GIVE CONSENENT

Section 6550 of the Family Code authorizes a caregiver who is a particular relative of a minor (see definitions in affidavit, attachment 1) and who completes items 1-8 of the affidavit to consent to medical treatment for the minor, subject to the limitations in III-F above. The law does not specify the range of medical treatment for which consent may be provided. The affidavit does not affect the right's of the minor's parents or legal guardians regarding care, custody, and control of the minor.

This affidavit (attachment 1) is valid for no more then one year after it is signed.

If the minor stops living with the caregiver, the caregiver must notify the treatment facility, and the affidavit may no longer be relied upon.

Only attachment 1 is to be used for this consent purpose. Copies or versions of this caregiver authorization from other agencies are not acceptable.

A caregiver who completes items 1-4 of attachment 1 is authorized to enroll the minor in school and to consent only to "school-related medical care" for the minor.

VIII. MINORS WHO ARE JUVENILE COURT DEPENDENTS

A. WRITTEN AUTHORIZATION

When a minor is a Juvenile Court dependent, and a parent or legal guardian is unwilling, unable, or not currently authorized to sign treatment consents, the Court may delegate this right to DPSS (ultimately to DPSS supervisors) by ordering the provisions of treatment. Thus , a DPSS/CPS worker (or foster parent) will present a signed copy of the form DPSS 1 CPS (E/S) (6/95) (see attachment 3) before he/she will be allowed to sign the DBH Consent for Outpatient Treatment.

A "minute order" of the court is also acceptable as authorization for a DPSS or CPS employee to consent if it refers to the employee by mane or by specific position, or if it otherwise provides sufficient information to identify the scope of authorization.

B. MEDICATIONS

In the case of Juvenile Court dependents, the Court may authorize the use of medications (or the parent may if he/she retains medical consent rights). If Court authorization is sought, DBH must submit the San Bernardino County interagency form for this purpose to request Court authority.

(See attachment 4, Medical/Information/Recommendation/Order, DPSS 1 CPS-PSY (10/96).

C. DEPENDENTS FROM OTHER COUNTIES

Before treating minors who are dependents of the Courts of other counties, staff should seek information either from DPSS workers or the Courts in those counties regarding whether the Court has authorized the provision of treatment. Authorization for treatment must be obtained from those designated individuals (or from the Court). (Remember that consent for therapy is not also consent for medication)

IX. EMANCIPATED MINOR

An emancipated minor, as defined in Family Code 7002, can consent to his/her own therapy and psychotropic medication care. Minors who are married (or divorced) or on military active duty are deemed to be emancipated. Other minors may become emancipated by court declaration if they are 14 or over, willingly living apart from parents or guardians (with parent or guardian consent), managing their own financial affairs, and not receiving income from illegal activities. The court declaration of emancipation (or Department of Motor Vehicles evidence of such) is required as evidence of court emancipated status before the minor can consent as an emancipated minor to his or her own treatment. Parents or guardians are not financially responsible for care consented to by such a minor.

X. SELF-SUFFICIENT MINOR

A "self-sufficient minor," as defined in Family Code 6922, can consent to his/her own therapy and psychotropic medication care. Such a person must be 15 or older, living apart from parents or guardians (with or without their consent), and managing his/her own financial affairs (regardless of source of income). Parents or guardians are not financially responsible for care consented to by such minor. The therapist or physician may, where appropriate, advise the parent or guardian regarding the treatment without the minor's consent.

XI. FAMILY CODE 6924

A minor 12 or older may consent to outpatient mental health treatment or residential shelter services (but not medications, psychosurgery, or convulsive therapy), if (1) the minor is mature enough to participate intelligently in the treatment, and either (2) the minor would present a danger of serious physical or mental harm to self or others without the treatment, or (3) the minor is the alleged victim of incest or child abuse. The residential shelter will make its best efforts to notify a parent or guardian of the shelter services. Parents or guardians shall be involved in the outpatient treatment of such a minor, unless this involvement is deemed inadvisable by the treating professionals, who shall chart such notification or non-notification, and the reasons for non-notification. The parent's guardians are financially responsible only for treatment in which they participate.

XII NON-MENTAL HEALTH CONSENTS

A. PREGNANCY

A minor may consent to medical care related to the prevention or treatment of pregnancy (but may not consent to sterilization, or to abortion with the single exception provided for in Health and Safety Code 123450) (Family Code 6925).

B. CONTAGIOUS DISEASE

A minor 12 or older who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that must be reported to the local health officer or is a sexually transmitted disease (Family code 6926).

C. RAPE

A minor who is 12 or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape (Family Code 6927).

D. SEXUAL ASSAULT

A minor who is alleged to have been sexually assaulted may consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault. Unless the professional person reasonably believes that the minor's parent or guardian committed the sexual assault, that person must attempt to contact the parent or guardian and note the date, time, and whether the contact was successful (Family Code 6928).

E. DRUGS OR ALCOHOL

A minor 12 or older may consent to medical care and counseling (except for replacement narcotic abuse treatment) related to the diagnosis and treatment of a drug or alcohol related problem (Family Code 6929). Parent involvement and financial liability are similar to XI above.

XIII. WHEN A PERSON WITH RIGHT TO CONSENT IS NOT AVAILABLE

A. PREFERENCE FOR LEGAL GUARDIANSHIP

In the event that a person with legal authorization to consent to treatment is not available to give consent (due to being in jail, having abandoned the minor, minor living with a non-relative, etc.), the person acting in loco parentis may be advised to seek legal guardianship (in which status they may be given rights in addition to the right to consent to treatment).

B. CONSENT BY PARENT FROM A DISTANCE

If the person acting I loco parentis does not qualify as a Family Code 6550 caregiver and will not seek legal guardianship, and a person with legal right to consent to treatment can be reached by mail or phone, staff will attempt to obtain signed consent for treatment from that person on the Department's consent form. (Since consent for psychotherapy does not imply consent for medications, if the use of medications is contemplated, both consents should be obtained in the same mailing.)

C. WHEN NONE OF THE ABOVE OPTIONS ARE FEASIBLE

If (1) none of the above persons with the right to consent to treatment is available, (2) it is advisable that the minor receive treatment, and (3) none of the conditions apply which would permit the minor to consent to his/her own care, the Program Manager II, after obtaining legal advice concerning an appropriate course of action in each particular circumstance, will decide whether to allow a person to consent to the treatment who is taking care of the minor but who does not have legal right to consent to treatment. It is permissible to rely on oral consent if follow-up is made for written consent, if a chart entry is made regarding this oral consent and follow-up

XIV. OTHER THIRD PARTY AUTHORIZATIONS

A person or guardian may authorize a third party to consent to treatment deemed advisable by a physician under the circumstances authorized by Family Code 6910 (see attachment 2). This would apply while a child is on DBH premises if the parents have signed attachment 2.

CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birth date: _____
3. My name (adult giving authorization): _____
4. My home address: _____
5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative).
6. Check one or both (for example, if one parent was advised and the other cannot be located):
 - I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
 - I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
7. My date of birth: _____
8. My California driver license or identification card number: _____

WARNING: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ Signed: _____

Notices:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

ADDITIONAL INFORMATION:

TO CAREGIVERS:

1. “Qualified relative,” for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix “grand” or “great,” or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 8 (California driver license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. No person who acts in good faith reliance upon a caregiver’s authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR
(Family Code of California Section 6910)

1. I (We), the undersigned, parent(s) of _____, a minor, do hereby authorize the Director of San Bernardino County Department of Behavioral Health, or his designated agent(s), including duly licensed Foster Parent, to consent to any X-ray examination, anaesthetic, medical, or surgical diagnosis or treatment, hospital care, mental health treatment, or counseling (as described in California Family Code Section 6910), to be rendered to the minor under the general or special supervision of, and upon the advice of, a physician, surgeon, and/or psychiatrist licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anaesthetic, 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, whether such diagnosis or treatment is rendered at the office of said physician, psychiatrist, or dentist or at said hospital. Administration of immunizing vaccines is also authorized.
2. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned medical professionals in the exercise of their best judgment may deem advisable.
3. This authorization is given pursuant to provisions of Section 6910 of the Family Code of California.
4. This authorization shall remain effective from _____ to _____, unless sooner revoked in writing and delivered to said agent(s).

a. _____
Father Date

e. _____
Witness Title Date

b. _____
Mother Date

f. _____
Witness Title Date

c. _____
Legal Guardian Date

g. _____
Medi-Cal Coverage of Minor (No.)

d. _____
Other Ins. Carrier for Minor (No.)

h. _____
Social Worker (in lieu of parent)

NOTE: Legal Guardian must attach a photocopy of documentation of legal custody.

**CONDADO DE SAN BERNARDINO
DEPARTAMENTO DE SERVICIOS PARA NIÑOS**

**AUTORIZACION PARA DAR CONSENTIMIENTO
PARA EL TRATAMIENTO MEDICO DE UN MENOR.
(Codigo Familiar de California, Seccion 6910)**

1. (Yo) (Nosotros), Los abajo firmantes padres de _____, un menor, por la presente autorizamos nuestro consentimiento al Director del Departamento de Servicios para Niños Del Condado de San Bernardino California, a sus delegados o representantes incluyendo a los padres de crianza debidamente asignados para que nuestro hijo arriba mencionado reciba los siguientes servicios medicos y tratamientos: examinación de rayos X, anesthesia, diagnosis medico-quirurgico, hospitalización, servicios de salud mental, incluyendo terapia (como esta especificado en la sección 6910 del Codigo Familiar de California). Autorizamos servicios al menor bajo la general o especial supervision y el cuidado de un medico cirujano o siquiatra licenciado de acuerdo a las provisiones de la ley de Practica Medica. Tambien consentimos para examinación de rayos X, para servicios dentales incluyendo cirugia, diagnosis, tratamiento y hospitalizacion practicadas por un dentista licenciado de acuerdo con las regulaciones de la ley de Practica Dental. Los servicios de examinación, diagnosis o tratamiento pueden ser practicados en la oficina del medico, siquiatra o dentista o en un hospital. Tambien la vacunación del menor es autorizada.
2. Se entiende que esta autorización es dada antes que una especificada diagnosis, tratamiento o asi como hospitalización que pudiera requerirse, pero tambien es dada para otorgar autoridad y poder a los indicados representantes del Departamento de Servicios Publicos Sociales para otorgar especifico consentimiento para todas y cada una de las diagnosis, tratamiento o hospitalizaciones a las cuales los mencionados medicos, siquiатras y dentistas juzguen profesionalmente necesarias.
3. Esta autorización es otorgada de acuerdo con las indicaciones de la sección 6910 del Codigo Familiar de California.
4. Esta autorización debe permanecer en efecto durante todo el tiempo que el menor sea un dependiente de la Corte Juvenil, el menor este bajo la custodia del Departamento De Servicios para Niños o el menor este colocado voluntariamente recibiendo servicios de este departamento, a menos que una previa revocación por escrito haya sido sometida por los padres del menor al Departamento de Servicios para Niños del Condado de San Bernardino.

<p>a. _____ Padre Fecha</p>	<p>e. _____ Testigo Titulo Fecha</p>
<p>b. _____ Madre Fecha</p>	<p>f. _____ Testigo Titulo Fecha</p>
<p>c. _____ Guardian - legal tutor Fecha</p>	<p>g. _____ Medi-Cal aseguranza del menor Numero</p>
<p>d. _____ Otra aseguranza vigente (del menor) Numero</p>	<p>h. _____ SSSP, firma en lugar (del padre) Fecha</p>

NOTA: El guardian legal debe de incluir una copia de las Ordenes y Carta del Tutelage Legal.

Copia del Acta y Ordenes del Juzgado Juvenil fechada _____
se incluye una copia de la nota del Director del Departamento de Servicios para Niños
fechada _____.

1 JOHN MICHAELSON, Director
2 Department of Children's Services
3 By _____
4 Office _____
5 Phone _____

TO HON. _____
 Judge Commissioner Referee
Department: JUV- _____
Date _____ Master J No. _____

6 Petitioner
7 SUPERIOR COURT OF CALIFORNIA,
8 COUNTY OF SAN BERNARDINO
9 JUVENILE DIVISION

For Court Use Only

10
11 In the matter of
12
13
14
15
16

J No. _____
 REGARDING THE NEED TO ADMINISTER
PSYCHOTROPIC MEDICATION AND ORDER
AUTHORIZING ADMINISTRATION OF
PSYCHOTROPIC MEDICATIONS; ORDER
THEREON.
 EMERGENCY PSYCHOTROPIC MEDICATION
ADMINISTERED PURSUANT TO WIC 5008.

17 - PLEASE TYPE -

18 **MEDICAL INFORMATION/RECOMMENDATION (to be completed by physician)**

19 Minor's Name _____ Age _____ Weight _____ M F
20 Minor's Present Placement (location): _____
21 Prescribing Physician (print) _____ Phone _____
22 Hospital Affiliations: _____;

23 **Specialty:**

24 Psychiatrist General/Family Practice Pediatrician Neurologist Other _____

25 I (prescribing physician) _____ hereby declare:

26 1. That the use of psychotropic medications is required to control the symptoms of
27 (diagnosis) _____
28 _____
29 _____
30 _____

31 which in this case include (behaviors/moods, etc. observed by myself or others)
32 _____
33 _____
34 _____

35 for the above-named patient.

NAME:
CHART NO.:
DOB:

1 2. The following attempts have been made to have the parent/guardian sign an authorization/consent
 2 form for the administration of psychotropic medications to the patient:

- 3 ___ Location of parent(s) has been unknown for _____ months
- 4 ___ Telephone
- 5 ___ Letter
- 6 ___ No known guardian
- 7 ___ Refused (discussed with family)
- 8 ___ Letter of Consent packet mailed but not returned
- 9 ___ Other (specify) _____

10 3. The minor is over age 14 and (check one): Has Has Not consented to take the
 11 medication.

12 4. **TREATMENT PLAN:**

13 **A. EMERGENCY TREATMENT GIVEN:**

14 Starting on _____ it was necessary to provide emergency treatment to the above-named
 15 patient because _____
 16 _____
 17 _____

18 (See Item 9 for applicable attachments.)

19 **Minor was evaluated for administration of this medication on:** _____

20 The following medication(s) were administered within a dosage range the medical profession considers
 21 acceptable for a patient of this age and weight. *(See highlighted attachments for common side effects of*
 22 *this medication and recommended dosage ranges for this type of patient.)*

23 **Categories that were administered (check all that apply):**

- 24 Antiseizure Antidepressant (Non MAOI) Antipsychotic Anti-manic
- 25 Antihyperactivity Anti-anxiety/hypnotic MAOI (Monoamine Oxidase
 26 Inhibitor)

27 Medication	Purpose	Starting Daily Dose	Maximum Daily Dose
28			
29			
30			
31			
32			
33			
34			

35 NAME:
 36 CHART NO.:
 DOB:

□ B. PROPOSED TREATMENT PLAN (NON EMERGENCY):

2 The following medication(s) will be administered within a dosage range the medical profession
 3 considers acceptable for a patient of this age and weight. (See highlighted attachments for common side
 4 effects of this medication and recommended dosage ranges for this type of patient) **Minor was**
 5 **evaluated for administration of this medication on _____.**

Categories to be administered (check all that apply):

- 7 Antiseizure Antidepressant (Non-MAOI) Antipsychotic Anti-manic
 8 Antihyperactivity Anti-anxiety/hypnotic MAOI (Monoamine Oxidase Inhibitor)

Medication	Purpose	Starting Daily Dose	Maximum Daily Dose

18 **C. This treatment plan will commence upon the physician's receipt of this signed**
 19 **consent.**

20 **D. Expected duration of treatment: _____**
 21 _____

22 **E. Additional side effects due to drug interactions or other medical conditions unique to this**
 23 **patient: _____**
 24 _____

25 **5. Administration of the above medication(s) is recommended because:**

26 **Anticipated Benefits (Goals): _____**
 27 _____

28 **Describe any other less restrictive/less intrusive treatment alternatives that have**
 29 **been attempted or considered. Explain those that were considered and why they are not recommended**
 30 **at this time: _____**
 31 _____

32 **6. If this medication is not authorized, the probable consequences to the minor are**
 33 **(e.g. likelihood of improving if the medication is not authorized): _____**
 34 _____

35 _____
 36 **NAME:**
CHART NO.:
DOB:

1 7. It is my understanding that the above-named patient has a prior history of being
2 medicated with psychotropic medication, to wit: (list date, name of medication, dosage, etc.).
3

4 Medication	Dosage	Date Given	Purpose	Date Discontinued
5				
6				
7				
8				
9				

10
11 8. The following foods, medications, or activities should be eliminated or curtailed while minor is
12 on the above medication (e.g. operating equipment or motor vehicles, drinking milk).
13

14 _____

15 _____

16 _____

17 9. A status/diagnostic report or progress notes on the above-named patient are attached.
18

19 I declare, under penalty of perjury, that the information in the foregoing Paragraphs 1 through 9 is
20 true and correct to the best of my knowledge.
21

22 Executed at San Bernardino County, California on the date shown.
23
24
25
26

27 _____
28 Physician's Signature

_____ Date

29
30
31
32
33
34
35
36

NAME:
CHART NO.:
DOB:

CROSS REFERENCE LISTING
Consent For The Treatment Of Minors

13-4.12

Medication Consent for Minor