

Pondera Medical Center

Consent to Treat List for Minors

In the event a child seeks attention at Pondera Medical Center/Pondera Medical Center Clinic without a parent or guardian accompanying them, and we are unable to reach the parent/guardian for consent, this form allows us to render treatment in non-emergency situations. This means that a teacher, coach, family friend, etc. could bring your child to Pondera Medical Center and treatment could be rendered for conditions or injuries, which are not life threatening. Of course, if the child presents with a life-threatening condition, emergency medical care is provided.

Please complete 1 form for each child. The consent may remain in effect for up to 1 year and this information is also available to PMC Clinic. Please be sure to indicate your child's birth date as well as any allergies or other information we as medical providers should know.

Should you have any questions, please feel free to contact the Medical Record Department at 406-271-2233.

Please Print out the form below fill it out and mail it or drop it off to Pondera Medical Center 805 Sunset Blvd, Conrad Mt 59425.

**CONTINUING CONSENT TO TREATMENT
PONDERA MEDICAL CENTER
CONRAD, MT 59425**

Please complete the highlighted areas below

Child's birth date: _____

We, the undersigned, parents of _____, a minor, do hereby consent to any xray
Child's full name
Examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said
minor under the general or special instructions of _____
Practitioner's name; if no preference indicate "any"

At Pondera Medical Center whether such diagnosis or treatment is rendered at the hospital or office of said practitioner.

It is understood that this consent is given in advance of any specific diagnosis or treatment but is given to encourage said practitioner and hospital to exercise their best judgment in the diagnosis and treatment of said minor. The undersigned assigns benefits directly to Pondera Medical Center of any insurance benefit payable as a result of services provided. To the extent necessary to determine liability and obtain reimbursement, Pondera Medical Center may disclose information from the medical records to any person or corporation, which may be liable for any portion of Pondera Medical Center's charges. The undersigned agrees that in consideration of services rendered to the patient, he/she hereby individually obligates himself/herself to pay Pondera Medical Center charges in accordance with the rates and terms of Pondera Medical Center.

This consent shall remain effective until _____, 2010, unless sooner revoked in writing,
(Month/Day)
delivered to Pondera Medical Center and practitioner, however, **NO LONGER THAN ONE (1) YEAR.**

CHILD'S ALLERGIES & HEALTH CONCERNS:

Father of Minor Child Date and Time Witness

Signature Signature

OR

Mother of Minor Child Date and Time

Signature

- Practitioner denotes Pondera Medical Center active staff physicians, physician assistants or nurse practitioners. If appropriate, please provide a copy of proof of custody.