

Appendix E - Medical Consent for Minors

CONSENT FOR MEDICAL AND DENTAL CARE OF MINOR

Name of Cadet: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_

Occasionally, a Cadet will require medical or dental care while at Fort Knox. Except in an emergency, a doctor or dentist cannot provide treatment without first obtaining consent from an authorized individual. In the case of a Cadet under the age of 18, authorized individuals include parents, guardians, and persons designated by a parent or guardian. As the parent or guardian of a Cadet under the age of 18, please tell us how we can contact you to obtain consent in the event that your child requires medical or dental care.

Names of Parents/Guardians: \_\_\_\_\_

Address (es) of Parents/Guardians: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s) of Parents/Guardians: \_\_\_\_\_

MEDICAL POWER OF ATTORNEY

You may authorize your child, or any adult, to act in your place and give consent for medical or dental treatment. If you wish to do so, please check the appropriate box (es) below and complete the remainder of this form. You will need to have your signature notarized.

I authorize \_\_\_\_\_ (name of Cadet) to consent to medical or dental care for himself or herself. I certify that he or she is at least 16 years of age.

I authorize \_\_\_\_\_ (name, address, and telephone number of third party) to consent to medical or dental care. I certify that this individual is at least 18 years of age.

The person(s) named above is (are) authorized to consent to any and all medical and dental treatment deemed necessary by a duly licensed physician or dentist, and to execute any consent required by medical or dental authorities incident to the provision of medical, surgical, or dental care to Cadet \_\_\_\_\_. I authorize the person(s) named above to perform any and all acts, deeds, and things whatsoever as fully and effectually as I might and could do in my own person if personally present. I do hereby ratify and confirm each of the lawful acts of the person(s) named above. I intend for this to be a Durable Power of Attorney, which shall continue to be effective if I become disabled, incapacitated, or incompetent. Unless sooner revoked or terminated by me, this document shall become null and void on \_\_\_\_\_. (This document may be valid for up to three years.)

Date \_\_\_\_\_

Parent or Guardian X \_\_\_\_\_  
NOTARIZATION

**CONSENT FOR MEDICAL AND DENTAL CARE OF MINOR**

Name of Cadet: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally, within the territorial limits of my warrant of authority, appeared Grantor, who is known to me to be the person who is described herein, whose name is subscribed to, and who signed this Power of Attorney as Grantor, and who, having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

In witness whereof, I have hereto set my hand and affix my official seal on \_\_\_\_\_.

X \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Notary Public

**CONSENT FOR MEDICAL AND DENTAL CARE OF MINOR**

**Privacy Act Statement**

- 1. AUTHORITY:** The authority for the collection of personal information is 10 United States Code Section 3013.
- 2. PRINCIPAL PURPOSE:** The purpose for soliciting this information is to determine those persons possessing legal authority to consent for medical and dental care for Cadets under the age of 18.
- 3. ROUTINE USES:** Any information you disclose can be provided to members of the Department of the Defense who have a need for this information in the performance of their official duties. In addition, any information may be disclosed to the U.S. Department of Justice when necessary in the defense of litigation brought against the Department of Defense or against members of that agency as a result of actions taken in their official capacity.
- 4. DISCLOSURE MANDATORY OR VOLUNTARY -- THE EFFECT OF NOT PROVIDING INFORMATION:** Providing the information is voluntary. There is no adverse effect to you for not furnishing the information. However, the failure to provide information may result in the denial of, or a delay in furnishing, no emergency medical or dental care to Cadets under the age of 18.