



Health Department
Prevent. Promote. Protect.

Miami County Health Department

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Paola, KS 66071

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Dr. Shalaunda Gray, MD – Medical Director/Local Health Officer

Christena R. Beer, MPH, BSN, RN – Public Health Director

Consent for Treatment of a Minor

To comply with our office policy and for your child’s safety, we require all minors (under 18 years of age) to be accompanied by a parent or legal guardian during their appointment at Miami County Health Department. If a parent or legal guardian is unable to accompany the minor to their appointment, the parent or legal guardian may designate and give consent for an authorized representative to attend appointments and make medical decisions on their behalf, should the parent or legal guardian be unavailable by phone. The parent or legal guardian may revoke this consent at any time.

Minor’s Information:

First Name: _____ Last Name: _____ Date of Birth: _____

Street Address: _____ Apt./Suite: _____

City: _____ County: _____ State: _____ Zip Code: _____

Parent/Legal Guardian Information:

First Name: _____ Last Name: _____

Phone Number: _____ Secondary Number: _____

Relationship to Child: Parent Legal Guardian

Is the address the same as the child: Yes No If no, please fill out below.

Street Address: _____ Apt./Suite: _____

City: _____ County: _____ State: _____ Zip Code: _____

Authorized Representative Information:

First Name: _____ Last Name: _____

Street Address: _____ Apt./Suite: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Relationship to Child: _____

I hereby consent to any medical care including but not limited to immunizations, prescribed injectable medications, and emergency care deemed necessary for the welfare of my child while said child is under the care of the authorized representative for (please select one):

This Appointment Only: _____(Date) 1 Year (from the signed date below)

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date