



Authorization for Routine Health Services for Minors

Name of Child: _____ Date of Birth: _____ Electronic Records System ID: _____
Date of Custody: _____ County of Custody: _____ Region of Custody: _____

This document verifies that _____ is in the legal custody of the Tennessee Department of Children's Services. The Department of Children's Services, by virtue of the court's order granting legal custody, is authorized to consent to ordinary and/or necessary medical care.

Child/Youth

(The information below must be fully explained to the minor; minor does not sign form)

Routine health services may be provided while you are within the custody of the Tennessee Department of Children's Services. Examples of routine health services are: routine dental procedures including extractions, pelvic exams, blood draws and samples, treatment of communicable disease(s), routine suturing or minor lacerations, x-rays, counseling, and other medical and mental health services not listed generally governed by implied consent guidelines in the community setting.

Parent/Guardian

I, _____, understand that it may be necessary for the Tennessee Department of Children's Services to provide routine health care to my child while he/she is in the custody of the Department. I understand the meaning of routine with regard to health services as generally outlined above and hereby give my permission to such care.

Parent's or Legal Guardian's Signature _____ Date _____
Witness' Signature _____ Date _____

Based upon refusal of the above named minor's parent or legal guardian to consent to the routine treatment of his/her child while in custody of the Department of Children's Services or because, after diligent efforts to locate, the parent or legal guardian cannot be located, the Department of Children's Services due to its rights and responsibilities as legal custodian is authorized to consent to ordinary and/or necessary medical care and/or treatment.

*** parent refused to sign paperwork at time of removal _____ Date _____
DCS Staff Signature _____

No parent available at time of removal



This is the current version of the form. Please disregard all previous versions prior to the date listed below.