

Medical and Legal Consent Form for Minors
Release of Information for Minors
Saint Gianna's Maternity Home (SGMH)

As the parent, legal guardian and/or custodian of _____, I hereby request and give consent to the Director and staff of St. Gianna's Maternity Home for my child to receive such medical, surgical, mental and dental care as may be deemed necessary and expedient by a licensed health care provider.

I also hereby authorize the release of any personal, medical or educational information, records, reports or other data reflecting the personal history, educational, physical or mental condition of the undersigned minor to or from any licensed physician, therapist, agency, school, or individual - the release of which St. Gianna's Maternity Home, in its discretion, deems to be in her best interest to obtain the services necessary while residing at SGMH.

Name of Minor _____

Date of Birth _____

Social Security Number _____

Insurance/Medical Assistance Number _____

Signature of Parent/Legal Guardian _____

Print Name _____

Relationship to Minor _____

Contact Phone Numbers _____

Contact Address _____

Witnessed & notarized by: _____

Date: _____