

Tus neeg mob lub npe Patient name			
MHN MHN	Hnub yug DOB	Muaj tsawg xyoo Age	Poj niam los txiv neej Gender

**Tso Cai Kho Rau Cov Menyuum Uas Tsis Tau Muaj Hnub Nyoog (Siv Ib Zaug Xwb)****Keu Tso Cai**

Nplooj 1 ntawm 2

**Consent - Treatment of Minors - Limited (One Time Use)**

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Qhov yuav kom ua raws li txoj kev cai lij choj hauv Wisconsin, Marshfield Clinic Health System xav kom tau niam txiv (tsis yog niam tshiab txiv tshiab/niam qhuav txiv qhuav) los sis ib tug neeg saib xyuas uas tau kev tso cai los ntawm kev cai lij choj (tus neeg saib xyuas uas tsev hais plaub xaiv) tuaj nrog cov menyuum uas tsis tau muaj hnub nyoog (17 xyoo rov hauv) thaum lub sij hawm lawv tuaj kho mob/kho hniav. Puas hlwb yog thaum uas niam txiv los sis tus neeg saib xyuas uas tau kev tso cai los ntawm kev cai lij choj tuaj tsis tau nrog nws tus menyuum uas tsis tau muaj hnub nyoog ntawd mus kho mob/hniav/puas hlwb, tus niam txiv los sis tus neeg saib xyuas uas tau kev tso cai los ntawm kev cai lij choj yuav tsum tau kos npe rau Daim Ntawv Tso Cai Kho Mob Rau Cov Menyuum Uas Tsis Tau Muaj Hnub Nyoog – Siv Ib Zaug Xwb.

To comply with Wisconsin law, Marshfield Clinic Health System requires that a parent (not step-parent/foster parent) or legal guardian (guardian appointed by a court) accompany any minor children (17 years old or younger) to their medical/dental/mental health appointments. In the event that a parent or legal guardian is unable to accompany his or her minor child to a medical/dental/mental health treatment appointment, the parent or legal guardian must sign this Consent – Treatment of Minors – Limited (One Time Use) form.

Niam txiv los sis tus neeg saib xyuas uas tau kev tso cai los ntawm kev cai lij choj lub npe \_\_\_\_\_  
Name of parent or legal guardian

Tus neeg mob lub npe \_\_\_\_\_  
Patient name

Tus neeg tso cai \_\_\_\_\_  
Appointee (person authorized to consent)

Txheeb ze li cas

rau tus me nyuam \_\_\_\_\_

Relationship to child

Kuv tso cai rau kev saib xyuas thiab kev kho mob rau kuv tus menyuum ntsig txog nws qhov kev kho mob / kho hniav / kev kho mob hlwb teem sij hawm tau rau cov chaw hauv qab no: Marshfield Clinic, Inc., Family Health Center ntawm Marshfield, Inc., Lakeview Medical Center, Inc. ntawm Rice Lake, tag nrho cov chaw Marshfield Medical Center, thiab tag nrho cov tsev lag luam muaj thiab / los sis ua los ntawm cov koom haum uas tau hais:

I consent to care and treatment for my child related to his/her medical/dental/mental health treatment appointment at any of the following facilities: Marshfield Clinic, Inc., Family Health Center of Marshfield, Inc., Lakeview Medical Center, Inc. of Rice Lake, all Marshfield Medical Center locations, and all facilities owned and/or operated by the aforementioned organizations:

rau thaum lub (hnub tim – hli/hnub tim/xyoo) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
on (date – month/day/year)

yog rau (teem sij hawm kho dab tsi – cov kev pab kho mob tshwj xeeb uas tau kev pom zoo lawm/cov txheej txheem kho mob/cov kev soj ntsuam seb mob li cas/kev txhaj tshuaj) \_\_\_\_\_  
for (reason for appointment – specify approved care/procedures/tests/immunizations)

nrog rau (tus neeg muab kev pab kho mob lub npe) \_\_\_\_\_  
with (health care provider name)

Kuv tus menyuum uas paub tab, hnub nyoog muaj \_\_\_\_\_ (tsis yau dua 16 xyoo) yuav tuaj kuaj mob/hniav/puas hlwb tau nws ib leeg rau lub sij hawm uas teem tseg rau nws.  
My mature child, age (#) (not less than 16) can attend this medical/dental/mental health treatment appointment alone.

