## **CONSENT TO TREATMENT**

I hereby give consent and authorit	y for	, while a resident of
the Bucks County Youth Center to	receive treatmer	nt in a medical setting providing a condition develops which
requires treatment in such a setting	. Consent is also	given for the provision of routine health care such as health
examinations, dental care (check-up	o, fluoride, x-rays,	, cleaning, & fillings) vision care, hearing care, and treatment
for injuries and illnesses. I also	give consent and	authority for the use of necessary testing and immunizing
· ·		sician and in accordance with the American Academy of
•	0 1 .	dvisory Committee on Immunization Practices immunization
		PrimeCare Medical to share medical information about my
	_	care. Finally, I also guarantee financial payment for any
medical services provided for my cl	_	·
1		•
Parent (signature)	Date	
		Address
Parent (signature)	Date	
		Phone #
Witness: B.C.Y.C. Staff	Date	

Commonwealth of Pennsylvania 55 PA code, Chapter 3800 Child Residential and Day Treatment Facilities

19b1: Consent for emergency medical care or treatment is not required. If a child needs emergency medical care or treatment, medical personnel do not need consent to provide treatment in life threatening conditions. Facilities do not have the right to consent to any type of treatment, routine or non-routine, on behalf of a child in their care.

19b2: General consent to routine treatment forms may not be used as authorization for non-routine treatment. Each instance of non-routine treatment requires a separate, specific consent from the child's parent, or an order from the court.

For children whose conditions indicate the need for non-routine treatment, the facility must contact the parent and the custodial county to obtain the necessary consents and proceed with the necessary treatment for the child.

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