West Caldwell Health Council, Inc.

Happy Valley Medical Center
1345 Highway 268
PO Box 319
Patterson, NC 28661

Collettsville Medical Center
4329 Collettsville Rd.
PO Drawer 9
Collettsville, NC 28611

CONSENT FOR TREATMENT OF A MINOR

I, being the parent or guardian of _____

hereby request and authorize West Caldwell Health Council, Inc. to perform the necessary services for my child which are deemed advisable by the physician/provider whether or not I am present at the scheduled appointment.

Below are the lists of individuals, the relationship status and contact information who has permission to bring my child in for treatment:

_____ _____

_____ _____

_____ _____

_____ _____

Per the NC Statute G.S. 90-21.5, Treatment of Minors, a licensed physician or provider in the state of North Carolina may render treatment to any minor without first obtaining consent and approval of either parent or guardian for the following services: Mental Health, Substance abuse, pregnancy, birth control, and sexually transmitted diseases.

_____

Signature of Parent or Guardian Date

_____

Witness Date

https://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_90/GS_90-21.5.html