

Legal Name (please print)

Date of Birth

WellPower ID#

Medical Decision-Making Authority (MDMA)

I state and attest that I may legally consent to, and make decisions about, the medical, mental health, and/or substance use treatment for the above listed minor child under the following authority:

- Self - Minor who is at least 12 years old and wishes to consent to outpatient services
Biological Parent
Adoptive Parent
Foster Parent
Department of Human Services
Court-Appointed Legal Guardian
Medical or Healthcare Power of Attorney
Guardian ad Litem granted privilege under L.A.N. v L.M.B.
Other (please explain):

Divorce or Other Legal Proceedings

Have there been any legal proceedings or actions that have affected the decision-making authority regarding the minor child, including but not limited to: a divorce proceeding, a legal separation proceeding, a paternity proceeding, a termination or limitation of parental rights, or an assignment of legal custody/guardianship? YES NO

If "yes", please provide explanation:

If there is a court order or stipulated parenting agreement, who has been assigned medical decision-making authority regarding the minor child?

- Parents have shared medical decision-making authority.
Sole medical decision-making authority is granted to:
Other (please explain):

Documentation

The person signing this statement should include documents verifying their legal authority to make medical decisions for the minor child, unless the person signing is the child or if the person signing is the biological or adoptive parent of the child and there have been no legal proceedings or actions that have affected their decision-making authority regarding the minor child.

X
Signature of individual or personal representative

Signature Date

Name of Personal Representative (if applicable)

Relationship