



Myrtle Hilliard Davis Comprehensive Health Centers, Inc.



“The People We Are...Are The People We Serve”

www.mhdchc.org

Authorization to Treat a Minor Child

Dear Parent/ Legal Guardian:

It is always best for you to accompany your child to all doctor appointments. We understand that there may be times when you must send your child to an appointment when you are unavailable to be present: however, we can only treat your child with your permission. Please complete the area at the bottom of this page. We will keep this form in your child’s record for reference. This prevents someone from bringing your child to the doctor without your permission.

Thank you,

MHDCHC Staff

(Please check all that apply)

I, _____ give permission for MHDCHC providers and nursing staff to treat my
(Parent/ Guardian Name)
child and hereby consent to any medical care and the administration of required vaccines determined by
the MHDCHC provider to be necessary for the welfare of my child.

I, _____ give permission for MHDCHC providers and nursing staff to treat my
(Parent/ Guardian Name)
child and hereby consent to any behavioral health services and/or counseling determined by the
MHDCHC provider to be necessary for the welfare of my child.

This authorization is effective from August 2017 to August 2018.

_____	_____
(Child’s Name)	(DOB)
_____	_____
(Parent/Guardian Signature) Date	(School District/ MHDCHC Staff Signature) Date
_____	_____
(Parent/Guardian Contact Number)	(Parent/Guardian Home Address)
This additional information will assist in treatment if it can be furnished with the consent.	
Allergies to drugs or foods _____	
Past Medical Illness/Past Surgical History or Pertinent Information _____	
Special Medications: _____	
Child's Provider _____	

MHDCHC at 5471 Dr. Martin Luther King Drive Saint Louis, Missouri 63112 Phone: 314.367.5820 Fax: 314.367.7010 Email: admin@mhdchc.org	MHDCHC at 4500 Pope Avenue Saint Louis, Missouri 63115 Phone: 314.385.3990 Fax: 314.389.2464 Email: admin@mhdchc.org	Homer G. Phillips 2425 Whittier Street Saint Louis, Missouri 63113 Phone: 314.371.3100 Fax: 314.289.8718 Email: admin@mhdchc.org	Florence Hill 5541 Riverview Boulevard Saint Louis, Missouri 63120 Phone: 314.389.4566 Fax: 314.389.5514 Email: admin@mhdchc.org	Fairview Elementary School 7047 Emma Avenue Saint Louis, Missouri 63136 Phone: 314.653.8135 Fax: 314.367.7010 Email: admin@mhdchc.org
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Insurance _____ Policy # _____

Preferred Hospital _____

mhdchc-139-16 rev 8/16, 09/16, 04/17, 7/17

MHDCHC at
5471 Dr. Martin Luther King Drive
Saint Louis, Missouri 63112
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MHDCHC at
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Homer G. Phillips
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