

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF FAMILY AND COMMUNITY SERVICES
Child and Family Services

Consent for Assessment and Treatment Services
(Replaces Medical/Surgical Consent Form (HW-0295) Final 7/06)

During the time that _____ (child's name) is in the legal custody of the Department of Health and Welfare, your Child and Family Services worker will make reasonable attempts to contact you when your child needs a specific service. In the event of an emergency, or if we are unable to locate you to obtain your consent for a specific service, this document will enable us to consent on your behalf.

I, _____, parent/legal guardian of _____, consent to the provision of the following services in the event of an emergency or if I am unavailable to give my consent. Initial each applicable box:

- Emergency medical/surgical care;
- Routine medical/surgical care;
- Infant-Toddler Program assessment and early intervention services;
- Mental health assessment and treatment services;
- Substance abuse assessment and treatment services; and
- Other (specify) _____.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

Witness Date