



**CONSENT FOR TREATMENT OF ADULT WARD IN LEGAL GUARDIAN ABSENCE**

To comply with Wisconsin law, Noble Community Clinics requires that legal guardian (guardian appointed by the court) consent to the care of their court appointed ward. In the event that a legal guardian is unable to consent to care, the legal guardian may delegate the right to consent to another adult. If the ward presents for a non-urgent appointment without a legal guardian or a signed consent, treatment may be denied.

I/We (Guardian's name) \_\_\_\_\_ authorize:

Appointee's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Appointee's Address: \_\_\_\_\_

Appointee's Phone: \_\_\_\_\_

To consent to: Medical care including immunizations, lab work, and other diagnostic tests for" (circle applicable)

Dental: Yes/No

Medical: Yes/No

Pharmacy: Yes/No

For my ward: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

During the period: (start date) \_\_\_\_\_ to (end date) \_\_\_\_\_

Noble Community Clinics providers should attempt to contact me before providing care at the following numbers:

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I further agree to reimburse Nobly Community Clinics for the cost of rendering these services to the extent that my insurance does not pay for these services.

Legal Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Legal Guardian Printed Name: \_\_\_\_\_