



PERRY MULTI-COUNTY JUVENILE FACILITY

PERRY – COSHOCTON – DELAWARE – FAIRFIELD – KNOX – LICKING – MORGAN – MUSKINGUM

1625 COMMERCE DR. - NEW LEXINGTON, OH 43764 - PH: (740) 342-9700 - FAX: (740) 342-9701

**Consent for Medical Treatment**

I, \_\_\_\_\_, am presenting myself for treatment to the authorized medical provider and voluntarily consent to the rendering of such care, including diagnostic and surgical procedures and medical treatment by authorized agents and employees of the authorized medical provider or their designees, as may in their professional judgment be deemed necessary or beneficial.

I am aware that the practice of medicine is not an exact science and acknowledges that no guarantees have been made to me as to the results of treatment and examination in the medical center.

I HEREBY, further authorize the authorized medical provider to release to any person or corporation, including but not limited to, my insurance company, any physician, hospital, nursing home, nursing service, social agency, welfare agency, or governmental agency, who in the best judgment of the authorized medical provider has a legitimate interest to the information requested contained in my medical records. These records will not include HIV testing, mental health or drug and alcohol treatment.

This form has been fully explained to me, and I certify and acknowledge that I understand its contents. I may revoke this form at any time in writing.

The patient is a minor, years of age, and is unable to consent because of their age.

\_\_\_\_\_  
Signature of Patient/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian / Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Questions or clarification: Please contact:  
Director: **Jay Conrad**  
Perry Multi County Juvenile Facility  
1625 Commerce Drive New Lexington, OH 43764  
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