

## Affidavit for Consent for Health Care for a Minor

State of West Virginia, County of: \_\_\_\_\_  
Name of county where you are physically located at the time you sign the document

After being duly sworn, I \_\_\_\_\_ provide the following information:  
Adult Caregiver's Name

A. 1. My full name is: \_\_\_\_\_  
Adult Caregiver's Name

2. My current address is: \_\_\_\_\_  
Adult Caregiver's Address

3. My birthdate is: \_\_\_\_\_  
Adult Caregiver's Birthdate

4. \_\_\_\_\_, was born on \_\_\_\_\_  
Child's Name Child's Birthdate

5a. \_\_\_\_\_, has resided with me continuously since \_\_\_\_\_,  
Child's Name Date Child Came to Live with You  
a period exceeding six months; OR

5b. I am related to \_\_\_\_\_ in the following manner:  
Child's Name

- |  |   |
|--|---|
| <input type="checkbox"/> Sibling                                   | <input type="checkbox"/> Paternal grandparent or great- grandparent |
| <input type="checkbox"/> Maternal grandparent or great-grandparent | <input type="checkbox"/> Paternal aunt or uncle                     |
| <input type="checkbox"/> Maternal aunt or uncle                    | <input type="checkbox"/> Paternal cousin                            |
| <input type="checkbox"/> Maternal cousin                           | <input type="checkbox"/> Other                                      |

6. The names of the child's parents or legal guardians are \_\_\_\_\_

7. The addresses of the child's parents/guardians are \_\_\_\_\_

B. I have attempted to obtain the consent of \_\_\_\_\_ for medical care for  
Parents/Guardians of Child

\_\_\_\_\_, but I have been unable to do so.  
Child's Name

C. Here are the attempts I have made to obtain the legal guardian/parent or parents' consent for medical care

for \_\_\_\_\_.  
Child's Name

D. To the best of my knowledge the guardian/parents of \_\_\_\_\_ have not  
Child's Name  
refused to give their consent for this medical care.

*By placing an "x" beside each of the following paragraphs I acknowledge that I have read or have had read to me these statements:*

E. General Notices: \_\_\_\_\_

This consent form is promulgated pursuant to West Virginia Code § 49-11 et seq.

This declaration does not affect the rights of the minor’s parent, guardian or legal custodian regarding the care, custody and control of the minor, other than with respect to health care, and does not give the caregiver legal custody of the minor. The affidavit is valid for one year unless the minor no longer resides in the caregiver’s home. Furthermore, the minor’s parent, guardian, or legal custodian may at any time rescind this affidavit of caregiver consent for a minor’s health care by providing written notification of the rescission to the appropriate health care professional. A person who relies in good faith on this affidavit or caregiver consent for a minor’s health care has no obligation to conduct any further inquiry or investigation and shall not be subject to civil or criminal liability or to professional disciplinary action because of the reliance.

F. Penalty for False Statement: \_\_\_\_\_

§ 49-11-9. Penalty for false statement.

A person who knowingly makes a false statement in an affidavit under this article is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than \$1,000.

G. Revocation and Termination of Consent \_\_\_\_\_

§ 49-11-6. Revocation and termination of consent.

- a) The affidavit of caregiver consent for a minor’s health care is superseded by written notification from the minor’s parent, guardian, or legal custodian to the health care professionals providing services to the minor that the affidavit has been rescinded.
- b) The affidavit of caregiver consent for a minor’s health care is valid for one year unless the minor no longer resides in the caregiver’s home or a parent, guardian or legal custodian revokes his or her approval by written notification to the health care professionals providing services to the minor that the affidavit has been rescinded. If a parent, guardian or legal custodian revokes approval, the caregiver shall notify any health care provider or health service plans with which the minor has been involved through the caregiver.

Based upon all of the statements above, I believe that I am the person who can give a consent for the health care for \_\_\_\_\_.

Child’s Name

My signature below was given on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_ County, West Virginia.

Date

Month

City

County

Signature of Caregiver

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ to wit:

\_\_\_\_\_, a Notary Public of said County, do certify that

\_\_\_\_\_ whose name(s) are signed to the writing above bearing date on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, have this date acknowledged the same before me.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

My commission expires: \_\_\_\_\_

