

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.

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: _____

