

Declaration of Relative Responsible for Health Care of a Minor Patient

This form is not to be completed by caregivers with temporary childcare responsibilities such as babysitting or caring for a child while parents/legal guardians are at work, on vacation, or otherwise able to provide informed consent or delegate health care decision making authority.

I am 18 years of age or over and I am competent to make this declaration. I make this declaration upon personal knowledge.

I am a relative of the following minor child and I am responsible for his/her health care:

Child's name (last, first, middle initial) (Date of birth) (Member I.D.#)

My relationship to this child is:

Example: grandparent, aunt/uncle, etc.

My name is:

My address is:

My telephone number is:

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.

(Signature) (City and state) (Date MM/DD/YYYY)

Under state law, this declaration is only effective for six months from the date it is signed.

Please see reverse for more information.

GENERAL NOTICES

1. With limited exception, Washington State law requires parents or legal guardians to provide informed consent for health care for their minor children. A minor child is a child under the age of 18 years old. In the event a parent or legal guardian is unavailable to provide informed consent for his or her minor child, Washington State law permits a competent adult, who has signed a declaration under penalty of perjury stating that the adult person is a relative responsible for the health care of the minor child, to provide informed consent for that minor child. An individual is an adult relative responsible for the health care of a minor child if the individual is at least 18 years old, is related to the child by blood, adoption or marriage and has undertaken to provide for the care and upbringing of the minor child. By completing this form you declare that you are an adult relative of the named minor child and that you are responsible for the health care of that minor child.
2. This declaration does not affect the rights of the minor child's parents or legal guardian(s) regarding the care, custody and control of the minor child, and does not mean that the caregiver has legal custody of the minor. It also does not affect the rights of the minor to consent to his or her own medical care when authorized by law.
3. A person who relies on this Declaration has no obligation to make further investigation or inquiry beyond what is said on the Declaration form, and may rely on the Declaration, if the provider does not have actual notice of the falsity of the statements made in the Declaration.
4. A health care provider may, but is not required to, request additional documentation of a person's claimed status as being a relative responsible for the health care of the minor patient. At a minimum you will be required to present positive identification prior to exercising health care decision-making authority in accordance with this Declaration.
5. This Declaration is only valid for six months after it is signed. If necessary, a caregiver may sign a new declaration after this one expires.
6. Use of this declaration is authorized by Revised Code of Washington 7.70.065.