

The Bogden House
 Group Homes for Medically Fragile Children
 and young adults
 Health Care Alternatives, Inc.



Parent/Guardian Consent pg. 1

I, (We) _____ am (are) the natural parent(s) and/or legal guardian(s) of the minor child/dependent: _____ DOB: _____ He /she will be residing at a Health Care Alternatives, Inc. nursing supported group home. The HCA nurses and their staff will be responsible for the total care of my minor child/dependent. As such, they, and their staff (as listed on page 2) have my/our authorization to give consent for any medical treatment for my child, including (initial all the following that apply):

- _____ Emergency care
- _____ X-rays, ultrasounds, MRI, CT scans and interventional radiology procedures
- _____ Routine examinations and lab work
- _____ Procedures and surgeries
- _____ General anesthesia (parental consent required by phone with the hospital if not present)
- _____ Medical, surgical, or dental diagnosis and/or treatment
- _____ Hospital care
- _____ Staff transportation to appointments and emergency care; or use of EMT (for emergencies)
- _____ Routine immunizations (including flu)
- _____ COVID vaccines

All the above are to be rendered to the minor child/dependent under the general or special supervision of and on the advice of any physician, surgeon, dentist, or other specialist licensed to practice.

I (we) will update HCA with any changes to my (our) contact information such as phone number, address, email address.

X _____ Dated: _____

X _____ Dated: _____

State of Arizona)
) ss.
 County of Maricopa)

On this _____ day of _____ (month), 20____,

(Notary Seal)

before me personally appeared _____
 (name of signer), whose identity was proved to me based on satisfactory
 evidence to be the person whose name is subscribed to this document, and
 who acknowledged that he/she signed the above/attached document.

 (Signature of Notary)