Wake County, North Carolina
referral@wellspringintervention.com
Licensed under 10A NCAC 27G .1700

Authorization for Medical Treatment

Consent for routine and emergency medical care

Form ID: WSI-F04

This authorization allows Well Spring Intervention staff to obtain routine and emergency medical care.

CHILD INFORMATION

Child's Name: _____ **Date of Birth:** _____

Medicaid ID: _____ **Insurance ID:** _____

PRIMARY CARE PHYSICIAN

PCP Name: _____ **Phone:** _____

Clinic: _____ **Address:** _____

AUTHORIZATION SCOPE

- ■ Obtain routine medical care
- ■ Obtain emergency medical treatment
- ■ Administer OTC medications per standing orders
- ■ Administer prescription medications as prescribed
- ■ Transport child to medical appointments
- ■ Access and share medical records

KNOWN ALLERGIES

Medication allergies:

Food allergies:

Guardian Signature	Printed Name	Date
Witness Signature (WSI Staff)	Printed Name	Date