
STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE INTEREST OF

Name

Medical Authorization

Case No. _____

Date of Birth

The child/juvenile filed a consent to medical services including surgical procedures on [Date] _____.

THE COURT FINDS:

1. The child/juvenile is within the jurisdiction of this court.
2. Reasonable cause exists for these services.
3. The child/juvenile consents to the medical services including surgical procedures when needed.

THE COURT AUTHORIZES:

The following medical services including surgical procedures when needed:

DISTRIBUTION:

1. Court
2. Child/Juvenile's Guardian ad Litem/Adversary Counsel
3. District Attorney/Corporation Counsel
4. Caseworker
5. Medical facility – certified copy