

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE INTEREST OF

Medical Authorization

Name

Date of Birth

Case No. _____

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:

BY THE COURT:

Circuit Court Judge

Name Printed or Typed

Date

DISTRIBUTION:

1. Original – Court
2. Treatment Facility (certified or authenticated)