

FORM SUMMARY

Name of Form:	Medical Authorization
Form Number:	JD-1734B
Statutory Reference:	§§48.373, 938.373, 938.296(4), Wisconsin Statutes
Benchbook Reference:	JV 1
Purpose of Form:	Court authorization, with child/juvenile's consent, for medical treatment.
Who Completes It:	Court.
Who Signs It:	BY THE COURT: Circuit Court Judge.
Distribution of Form:	Court, Child/Juvenile's Guardian ad Litem/Adversary Counsel, District Attorney/Corporation Counsel, Caseworker, and Medical facility – certified copy.
Accompanying Forms:	Generally none, although medical reports detailing the condition and need for treatment may be attached.
New Form/Modification:	Modified; last update 05/00.
Modifications:	Updated distribution list.
Comments:	This form cannot be used for testing for HIV/STD under chapter 48. Such testing was repealed for ch. 48. It can be used for chapter 938 cases pursuant to §938.296(4).
About this Form:	This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.