

Lancaster County Youth Intervention Center

235 Circle Avenue
Lancaster, PA 17602

Medical / Surgical Consent & Medical Information Release Form

I hereby give my consent to the Youth Intervention Center and PrimeCare Medical Services, presently caring for my child,

(NAME OF CHILD)

to arrange for routine medical and dental care including but not limited to necessary immunization, vaccination, TB testing, and periodic medical and dental check-ups inclusive of routine Diagnostic testing. I further give my consent to all emergency medical and dental procedures which are necessary to preserve his or her life or prevent permanent impairment of his or her health in case time does not permit obtaining personal consent to these procedures. I also consent to the release of medical information and/or medical records to Lancaster County Youth Intervention Center and PrimeCare Medical Services while my child is a resident of said facility.

WITNESS: _____

SIGNED: _____

DATE: _____

*****Medical Office Use Only*****

(To be mailed to Parent/Guardian/Custodian if not completed within 10 days.)

Date Mailed

Medical Staff Signature

Name of Parent/Guardian/Custodian

Street Address

City, State, and Zip Code