

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION
44-121**



30 JULY 2024

Medical

TREATMENT OF MINORS

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This instruction establishes policies for the medical treatment of minors in facilities under the authority, direction, and control of the Director, Wilford Hall Ambulatory Surgical Center. **AFI 44-102, *Medical Care Management*, paragraph 7, states that Medical Facility Commanders will comply with state laws governing consent for medical treatment of minors.** This instruction applies to all personnel assigned, attached or on contract to the facilities under the authority, direction, and control of the Director, Wilford Hall Ambulatory Surgical Center. This instruction does not apply to the Air National Guard or Air Force Reserve. Ensure that all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed of in accordance with the Air Force Records Disposition Schedule which is located in the Air Force Records Information Management System.

SUMMARY OR CHANGES

59 MDWI 44-121 has been revised. Removal of ability for a minor to receive confidential prescription contraception (1.1.10 of previous), update from JA to DHA/OGC

1. Consent to Treatment by Minors.

1.1. Only those patients 18 years or older may consent to their own medical treatment. Exceptions to this general rule allow a person under 18 years to consent to medical, dental, psychological, and surgical treatment by a licensed physician or dentist if the patient:

1.1.1. Is on active duty with the armed services of the United States of America.

1.1.2. Is married.

1.1.3. Has had their disabilities of minority removed by court (i.e., has a court order allowing the minor to consent).

1.1.4. Consenting to diagnosis or treatment of an infectious, contagious, or communicable disease that is that is required by law or a rule to be reported by the licensed physician or dentist to a local health officer or the Texas Department of Health, including all diseases within the scope of Section 81.041, Health and Safety Code.

1.1.5. Consents to examination and treatment for drug or chemical addiction, drug or chemical dependency, or any other condition directly related to drug or chemical use.

1.1.6. Consents for counseling and/or treatment for suicide prevention, sexual, physical, and/or emotional abuse.

1.1.7. Is unmarried and pregnant and consents to hospital, medical, or surgical treatment related to pregnancy, other than abortion.

1.1.8. Is unmarried, is the parent of a child, and has actual custody of the child and consents to medical, dental, psychological, or surgical treatment for the child.

1.1.9. Is 16 years of age or older and resides separate and apart from the parents, managing conservator, or guardian with or without their consent and is managing his/her own financial affairs, regardless of the source of income.

2. Consent of Minor by Parent or Non-Parent.

2.1. If the person is under 18 and does not meet the criteria above, the following persons may consent to medical, dental, psychological, and surgical treatment of a child:

2.1.1. Mother, father, or managing conservator or guardian if present.

2.1.2. If the mother, father, or managing conservator or guardian cannot be contacted and has not given any actual notice forbidding treatment, then one of the following may consent:

2.1.2.1. A grandparent.

2.1.2.2. An adult brother or sister.

2.1.2.3. An adult aunt or uncle.

2.1.2.4. Any adult who has care and control of the minor and has written authorization to consent (Power of Attorney) from the person having the power to consent as provided by law (these forms are in the Outpatient Records Section and may be picked up there).

2.1.2.5. Any court having jurisdiction over the child.

- 2.1.2.6. Any person named above who has initially presented the child and discussed a course of treatment which will continue on a regular basis (e.g., treatment of a diagnosed allergy regularly over the course of months, dressing changes, etc.).
 - 2.1.3. A licensed physician or dentist has reasonable grounds to believe that a child's physical or mental condition has been adversely affected by abuse or neglect. In this situation the physician or dentist may examine the child without the consent of the child, the child's parents or other person authorized to consent. Exceptions to this policy are if the child is 16 years old or over and refuses to consent, or if the treatment is prohibited by court order.
- 2.2. When the parent is not present to give consent and cannot be contacted, consent from an authorized custodian as reference above in [para 2.1.2](#) must be in writing. State law requires a Consent to Medical Treatment by a Non-Parent form be completed in full and given to clinic staff to be uploaded into the patient's electronic medical record. Use 59 MDW Form 49, *Consent to Medical Treatment by a Non-Parent*. This form must contain the following information:
 - 2.2.1. The name of the minor.
 - 2.2.2. The name of both parents, if known, and the name of the managing conservator or guardian of the person, if either has been appointed.
 - 2.2.3. The name of the person giving consent, signature, and relation to the minor child.
 - 2.2.4. A statement of the nature of the medical treatment to be given.
 - 2.2.5. The date on which the treatment is to begin.
- 2.3. The 59 MDW Form 46, *Mental Health Clinic/Informed Consent for Child and Adolescent Mental Health Services*, will be completed at initial visit by the parent or guardian accompanying the minor at Mental Health. This form must also be completed in full and given to clinic staff during initial intake and uploaded into the patient's electronic medical record.
- 2.4. Consent is implied in an EMERGENCY and treatment may be started. The treating physician has complete authority to make this decision. While treatment begins, someone should attempt to contact a parent to enable the parent to consent.
- 2.5. A licensed physician, dentist, or psychologist may, with or without the consent of a child who is a patient, advise the parents, managing conservator, or guardian of the child of the treatment given to or needed by the child. (Texas Family Code §32.003)
- 2.6. Parents should be encouraged to accompany their minor children to the Medical Center to give their consent to treatment. At times, this may be impossible or a serious inconvenience to the parents. If the proposed medical treatment involves routine clinical treatment with no apparent risk, then consent may be obtained by telephone. In such case, a third party should monitor the conversation and a note to this effect should be entered into the patient's medical record. The note in the medical record must be signed by both parties who heard permission given. If the proposed medical treatment involves a non-emergency medical procedure with an element of apparent risk, a parent or authorized substitute must be present and their consent must be in writing. Notarized permission slips signed by a parent or guardian may be used for either routine clinic visits with no apparent risk if the parents are away for short absences (i.e. vacations).

2.7. In cases not clearly covered by the above criteria or when there is doubt for any reason, contact DHA/OGC for guidance.

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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 44-1, *Medical Operations*, 9 June 2016

AFI 44-102, *Medical Care Management*, 17 March 2015

Texas Family Code Chapter 32

Prescribed Forms

59 MDW Form 46, *Mental Health Clinic/Informed Consent for Child and Adolescent Mental Health Services*

59 MDW Form 49, *Consent to Medical Treatment by a Non-Parent*

Abbreviations and Acronyms

DHA/OGC—Defense Health Agency/Office of General Counsel

MDW—Medical Wing