

## A. Introduction

Treatment and/or transportation of minors shall include informed parental consent when possible; however, there may be certain situations where the ability to provide care, treatment and/or transportation of a minor may be questionable. In situations where a minor or other person requesting care/ treatment of a minor have requested our services, the following guidelines will be used to assist in clarifying consent issues for care, treatment, and/or transportation.

## B. Emergency Medical Care WITHOUT Parental Consent

While implied consent shall be assumed, consent to perform a procedure on a minor who has been injured or who is suffering from an acute illness is not required (FS 743.064) if:

1. Within a reasonable degree of medical certainty, delay in initiation or provision of medical care or treatment would endanger the health or physical well being of the minor or,
2. Parental or other lawful consent cannot be obtained because either:
  - a) The minor is unable to reveal the identity of the parent(s) or other party capable of lawfully consenting and such information is unknown or,
  - b) Parents or other party capable of lawfully consenting cannot be immediately located.

**NOTE:** Notice must given to the parents or persons who may lawfully consent as soon as possible after the emergency care and/or treatment is administered. Documentation of the above must appear in the ePCR including reason why consent was not obtained.

## C. Persons Able to Consent

If after a reasonable attempt, the treatment provider cannot contact the parent who has the power to consent, any of the following persons, in order of priority, may consent to the medical care and/or treatment of the minor (FS 743.0645):

1. A person who possesses a power of attorney to provide medical consent for the minor
2. The stepparent
3. The grandparent
4. An adult sister or brother of the minor
5. An adult aunt or uncle

6. Department of Children and Family Services (DCFS) or Department of Juvenile Justice caseworker or administrator assigned to delinquent or dependent child if person with power to consent cannot be contacted and has not expressly objected to such consent

#### **D. Release of Care of a Minor**

1. If the minor is not in need of further medical assistance, the unit OIC shall evaluate the minor's surroundings and his/her capacity (mentally/physically) to function in his/her environment. The OIC should consider the following:
  - a) Does the minor know what to do in an emergency?
  - b) Does the minor know how to and have the ability to get in contact with a parent or other responsible party?
  - c) Is the minor mature enough to take care of himself/herself?
2. If in the judgment of the OIC, the minor is able to provide for himself/herself, then he/she may be released to himself/herself.
3. If in the judgment of the OIC, the minor is not able to provide for him or herself, then Law Enforcement should be called.

**NOTE:** Calling Law Enforcement does not fulfill the obligation of reporting any cases of known or reasonable cause of suspected abuse, neglect, or exploitation to the Florida Abuse Hotline (**Protocol 29**).

4. Minors who become ill or injured while attending either public or private school may be treated and/or released to school officials, as long as these officials accept responsibility to await the arrival of parents when the minor's condition is stable.

#### **E. Refusal of Treatment / Transportation**

1. Parent(s) or guardian(s) have the legal right to refuse care, treatment, and/or transportation of a minor. The following should be considered:
  - a) In a life-threatening situation, Law Enforcement will be summoned to assist.
  - b) In a non-life-threatening situation, the same guidelines should be followed as for an adult (**Protocol 2**) and the ePCR refusal of treatment area signed by the parent or guardian.