

**ORDER AUTHORIZING MEDICAL
TREATMENT OF JUVENILES**

Using This Form

1. Copies
 - a. Original - to court.
 - b. First copy - to authorized physician or hospital. If more than one authorized person or hospital, prepare a copy for each one of them.
 - c. Second copy - to petitioner if other than authorized physician or hospital. If more than one petitioner, prepare a copy for each petitioner.
 - d. Third copy - to person ordered to pay for treatment (if applicable).
 - e. Fourth copy - to others designated in order to receive copy of order.
2. Prepared by clerk, signed by judge.
3. Attachments
4. Preparation Details
 - a. This order should be used when a person who can legally consent to the treatment of the juvenile is not available. If the parents or other person who can give consent withhold consent, use DC-552, ORDER AUTHORIZING MEDICAL TREATMENT OF JUVENILE (CONSENT WITHHELD).
 - b. This order as printed does not permit delegation of authorization from the persons or hospitals named in the order to others. If such delegation is felt to be necessary, it should be added in Data Element No. 15 (front).
 - c. The petitioners may be either a hospital or physician or both. Leave blank Data Element No. 4 or Data Elements Nos. 5 through 7 if inappropriate.

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Data Elements

1. Court Case Number. If form is clipped to file at top of page, put case number at bottom of page. Otherwise, put file number at top of page.
2. Court name.
3. Case name (name of juvenile).
4. Physician who petitioned for order, if applicable.
5. Hospital which petitioned for order, if applicable.
6. Name of agent of hospital, if applicable.
7. Title of agent of hospital, if applicable.
8. Check this box if authorization granted to physician named in Data Element No. 4.
9. Check this box if authorization granted to hospital named in Data Element No. 5.
10. Check if oral authorization used.
11. If Data Element No. 10 is checked, insert date and time that oral authorization was given.
12. Check if applicable.
13. Check if applicable and insert names of additional persons who shall receive this order.
Additional space is provided for the judge to add additional provisions in the order.
14. Date of entry of order.
15. Signature of judge.

ORDER AUTHORIZING MEDICAL TREATMENT OF JUVENILE

VA. CODE ANN. §§ 16.1-241, 54.1-2969 Case No. 1

COMMONWEALTH OF VIRGINIA

2

Juvenile and Domestic Relations District Court

Commonwealth, in re: 3

In re:

Dr. 4 and 5
NAME OF PHYSICIAN NAME OF HOSPITAL OR MEDICAL FACILITY

by 6, its 7
NAME OF AGENT FOR HOSPITAL OR MEDICAL FACILITY TITLE

have filed a written petition seeking the Court's consent to medical and surgical treatment of the above-named juvenile.

It appearing to the Court that the juvenile is under eighteen years of age, is unmarried, and has never been married, the juvenile is in immediate need of medical and/or surgical care and that the consent of the parent, guardian or other person standing in loco parentis is unobtainable with promptness reasonable under the circumstances and necessary for the well-being of the juvenile; and that his welfare demands an immediate adjudication as to the disposition and control of the juvenile for the purpose of such care, it is hereby ORDERED that the necessary consent and authorization be given to ☐ the above named physician ☐ the above named hospital or medical facility to administer such the following necessary medical, surgical and nursing care:

10
☐ oral authorization, by telephone, for such care and treatment having been heretofore given by this Court on
11, because of the emergency nature of the juvenile's condition;
DATE AND TIME

12 ☐ it is further ORDERED that the parent, guardian, or other person standing in loco parentis shall be responsible to pay the expenses for such necessary medical and surgical treatment for the juvenile.

13 ☐ it is further ORDERED that the Clerk of this Court forward a copy of this Order to the following person(s):

13

14

DATE

15

JUDGE