



State of Florida
Department of Children and Families

Rick Scott
Governor

David Wilkins
Secretary

William D'Auito
Circuit 5 Administrator

LETTER OF AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

Date:

To Whom It May Concern:

IN THE INTEREST OF:

Child(ren):
DOB:
Soc. Sec #:
Medicaid #:

Placement:

Name:
Address:
Phone:

This placement is a licensed Foster home or court approved provider and is an authorized agent for the Department of Children and Families for the purposes of providing consent for ordinary and necessary medical and dental examinations for the above child pursuant to sections 39.407 and 743.0645, Florida Statutes.

The authority of the Foster Parent/Provider to consent to treatment for these children is limited to consent for ordinary and necessary medical and dental examination and treatment. This includes immunizations, tuberculin testing, and well-child care, but does not include consent for surgery, general anesthesia, provision of psychotropic medications, or other extraordinary procedures for which a separate court order or informed consent as provided by law is required.

When treatment is provided pursuant to this authorization, the requirements of section 743.0645(4), Florida Statutes that notice of the treatment be given to the legal custodian of the child shall be satisfied by notification to:

Florida Department of Children & Families, Child Protective Investigation
1515 E. Silver Springs Blvd. Suite 114, Ocala, Florida 34470-6831
(352) 620-7752/12345
(352) 620-3188
Telephone Fax Number

Child Protective Investigator

Date

1601 W. Gulf Atlantic Hwy, Wildwood, FL 34785