

CONSENT FOR ORDINARY AND ROUTINE MEDICAL AND DENTAL CARE

As the legal custodian/guardian for the individual minor, _____,
whose birth date is _____, I am authorized to act, pursuant to 20 ILCS 505/5,
325 ILCS 5/5, 705 ILCS 405/2-11 or 705 ILCS 405/2-27, on behalf of the minor in making health care
related decisions, and I hereby consent to the administration of ordinary and routine medical and/or
dental care to this child by:

Name: _____

Address: _____

Telephone: _____

Ordinary and routine medical and/or dental care includes, but is not limited to, physical and dental
examinations, remedial treatment for minor illnesses, immunizations and related diagnostics laboratory
tests, including HIV testing when risk factors on reverse side of this form are present.

This consent is not valid for hospital admissions, surgery, anesthesia, blood transfusions, tooth
extractions, the administration of psychotropic medications or any kind of medical research.

Consent for medical or dental treatments that are not classified as ordinary and routine can be obtained
during business hours (Monday through Friday from 8:30 a.m. to 4:30 p.m.) by calling the DCFS
Consent Unit at 800-828-2179. Afterhours, weekends and holidays, a medical provider requesting
consent can contact an Authorized Agent of the DCFS Guardian at 866-503-0184.

This consent is valid until: _____

I further hereby consent to providing summary information concerning the medical and/or dental care
provided to the minor to _____(name of caregiver).

DCFS Guardianship Administrator

By: _____
Authorized Agent

Date: _____

Address: _____

Telephone: _____

DCFS RISK FACTORS FOR HIV TESTING

1. HIV related symptoms.
2. A child born to a parent with HIV.
3. A child born to a parent with a history of drug use, transfusions or multiple sexual partners.
4. A child who was sexually abused with penetration.
5. A child born with positive drug toxicology.
6. A child with hemophilia or a history of blood transfusions.
7. A youth with a history of drug use.
8. A youth who is sexually active, at least annually or more frequently if a medical professional considers it to be necessary.
9. A child or youth for whom a complete medical history cannot be obtained.

Please report all positive testing results to the DCFS AIDS Project at 312-328-2150.

The temporary caregiver of a child shall not disclose to another person any information received by the temporary caregiver from the Department concerning the results of a test performed on the child to determine the presence of the antibody or antigen to HIV, or of HIV infection.