

**PETITION REQUESTING AUTHORIZATION FOR MEDICAL TREATMENT OF JUVENILE**

VA. CODE ANN. §§ 16.1-241, 16.1-262, 54.1-2969

COMMONWEALTH OF VIRGINIA

Rules 8:3, 8:22

Case File .....

..... Juvenile and Domestic Relations District Court

In re a Child under eighteen years of age

[ ]	1. CHILD'S NAME	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. AGE:	5. CHILD EVER MARRIED? [ ] YES [ ] NO	SEX
[ ]	6. CHILD'S ADDRESS					TELEPHONE NUMBER
[ ]	7. PARENT'S NAME		8. PARENT'S ADDRESS		TELEPHONE NUMBER	
[ ]	8. PARENT'S NAME		10. PARENT'S ADDRESS		TELEPHONE NUMBER	
[ ]	11. GUARDIAN/LEGAL CUSTODIAN OR PERSON IN LOCO PARENTIS		12. ADDRESS		TELEPHONE NUMBER	
[ ]	13. NAME OF NEAREST RELATIVE IF PARENTS OR GUARDIAN CANNOT BE FOUND		14. ADDRESS		TELEPHONE NUMBER	

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

....., and  
ADDRESS OF HOSPITAL OR TREATING FACILITY

..... M.D. are the petitioners  
NAME AND ADDRESS OF PHYSICIANS

representing to the Court, under oath, the following:

1. The above-named physician is familiar with the present physical condition of the juvenile and the circumstances surrounding the juvenile, and the physician has examined the juvenile and found the juvenile demonstrating the following symptoms:

.....  
 .....

2. The physician has made the following diagnosis regarding the juvenile:

.....  
 .....

3. Your petitioners, respectively, recommend and are willing to provide the following necessary medical, surgical and nursing care if judicial consent is given as requested:

[ ] further diagnostic testing, namely:

.....  
 .....

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[ ] treatment namely:

.....  
.....  
.....

4. The petitioners further represent that the juvenile is within the city or county named above and is subject to the jurisdiction of this Court. Judicial consent for the above emergency surgical and medical treatment is necessary because the consent of the juvenile's parent, guardian, legal custodian or other person standing in *loco parentis* is unobtainable in that:

- [ ] such person is *not* a resident of this State.
- [ ] such person's whereabouts are unknown.
- [ ] such person cannot be consulted with promptness reasonable under the circumstances.
- [ ] such person fails to give such consent or provide such treatment when requested by the Judge to do so.

Your petitioners request that the Court grant consent to medical, surgical and nursing care and treatment as described in the petition. The Petitioners further request that the Court order that the parent or other person responsible for the care and support of the juvenile be responsible to pay the expenses thereof.

..... DATE	..... NAME OF HOSPITAL OR MEDICAL FACILITY
By: _____ SIGNATURE OF DULY AUTHORIZED AGENT OF HOSPITAL OR MEDICAL FACILITY	
Sworn/affirmed and signed before me on ..... DATE	
..... DATE	..... SIGNATURE
..... NAME OF PHYSICIAN	
..... PHYSICIAN'S SIGNATURE	
Sworn/affirmed and signed before me on ..... DATE	
..... DATE	..... SIGNATURE

NOTICE: Rule 8.22 requires that:

1. Any request for judicial consent for emergency medical, surgical or nursing care **MUST** be filed in the clerk's office of the juvenile and domestic relations district court within 5 calendar days from the date of granting such consent.
2. If the request was made orally, it must be reduced to writing and filed as described above.