

SENECA COUNTY YOUTH CENTER

3120 S. St Rt. 100

Tiffin, Ohio 44883

(419) 447-7852

Seneca County Youth Center  
Medical Consent to Treat and Billing Information

I hereby authorize the Seneca County Youth Center Nurse/Physician to examine, treat, and prescribe medication to my child at the Seneca County Youth Center. I understand that at anytime I wish to rescind this authorization I will do so in writing. This authorization is valid until such time as the Detention Director and/or medical staff receives a written request to rescind same. I also authorize SCYC staff to distribute prescribed medication to my child.

I authorize the Seneca County Youth Center to bill my medical insurance for services as appropriate.

I understand I am responsible for payment of fees, if any, for the services my child receives.

**Please print clearly in completing the following information. Thank you.**

Resident Name: \_\_\_\_\_

Resident DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident Sex:  M  F Race: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Home Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Resident Social Security Number: \_\_\_\_\_

Parent/Guardian Social Security Number: \_\_\_\_\_

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**Insurance Information:** Please make a copy of the front and back of insurance card if it is available.

Medicaid:  Yes  No Other Insurance: \_\_\_\_\_

Address of Insurance: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Phone Number for Insurance: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**NOTE: READ BEFORE SIGNING**

The information requested above is subject to provisions of the Ohio's Privacy Act in the Ohio Revised Code Chapter 1347. If you have any concern about releasing the information requested hereby, you should contact an attorney. If you cannot afford one, you have the option of contacting the local office of Legal Aid Public Defender for a consultation before signing this release.

Parent/Guardian signature:                    x \_\_\_\_\_                    Date: \_\_\_\_\_

Witness signature:                            x \_\_\_\_\_                            Date: \_\_\_\_\_