

# Consent for Treatment of a Minor 8.5

The word “minor” is a legal term for a person who has not yet reached his/her eighteenth birthday and is under the control of parent(s) or legal guardian. Emancipated minors may make their own determinations regarding medical care and include those minors who are married or members of the armed forces. A minor patient bears the burden of establishing, by legal documentation or otherwise, that he/she is emancipated. New Hampshire recognizes emancipation decrees issued by other states.

## Implied Consent

EMS personnel may treat minors under the doctrine of implied consent when the minor’s parent or other authorized representative is unavailable to provide expressed consent. (RSA 153-A:18)

## Obtaining Consent:

With the exception of life-threatening emergencies, personnel should attempt to contact the minor’s parent or legal guardian to obtain informed consent to treat and transport the child.

## Refusal of Care

A parent or legal guardian or other authorized representative may refuse care for a minor and should understand the minor’s medical condition and potential consequences of refusing care. Carefully document all refusals.

- When a parent or legal guardian is unavailable, another authorized representative (e.g., daycare/school/camp official), who has been expressly authorized by the minor’s parent, may consent to health care treatment. Another adult family member (e.g., grandparent) having custody of the minor may also give consent, see [Refusal of Care Protocol 8.15](#).
- EMS personnel may accept a telephonic refusal of care, provided that they have explained the consequences of refusing care; telephonic refusal of care should be carefully documented.

A minor may not refuse care. When a minor attempts to refuse care and/or transport to the hospital, EMS personnel should enlist the assistance of the police, including requesting that the police place the minor in protective custody. Minors should be restrained only as a last resort.

## Special Circumstances

A minor parent who has not yet reached his/her eighteenth birthday may consent to or refuse care on behalf of his or her minor children, provided that the minor parent has the capacity to understand the nature of the treatment and the possible consequences of consenting to or refusing care.

A minor may consent without parental permission for the following care:

- Treatment for sexually transmitted diseases at age 14 and older (RSA 141-C:18).
- Treatment for drug and alcohol abuse at age 12 and older (RSA 318-B:12-a).
- An adolescent patient under the age of 18 must give his/her consent for a sexual assault forensic exam ( "Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation", Office of the NH Attorney General, Sixth Edition, 2011).