



UNACCOMPANIED MINORS ACCESS TO THE COVID-19 VACCINE

As the state and local public health departments roll coordinate plans for vaccinating minors including a provision for unaccompanied minors is imperative to achieve high levels of inoculation within the youth population. Although in most cases minors are required to have a parent or guardian's permission to receive medical treatment, **Illinois has a carve out for minors who are unaccompanied.**

The Consent by Minors to Health Care Services Act (410/ILCS 210/1.5) provides that if a young person is at least 14 but not yet 18 and not living with a parent or legal guardian, they can consent to most primary care services. "Primary care services" means health care services that include screening, counseling, **immunizations**, medication, and treatment of illness and conditions customarily provided by licensed health care professionals in and out-patient setting. It ensures that if a youth is in need, they can obtain medical services without fear of being turned away or having to jump through insurmountable barriers.

Under Illinois' minor consent law, unaccompanied youth are required to bring a letter or form identifying them as "minor seeking care" from one of the following people to a healthcare appointment:

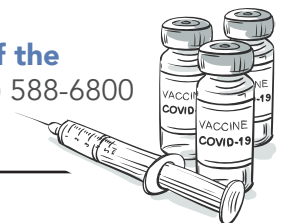
- an adult relative;
- a representative of a homeless service agency that receives federal, State, county, or municipal funding to provide those services or that is otherwise sanctioned by a local continuum of care;
- an attorney licensed to practice law in Illinois;
- a public school homeless liaison or school social worker;
- a social service agency providing services to at risk, homeless, or runaway youth; or
- a representative of a religious organization.

A healthcare professional providing primary care services to unaccompanied youth will not incur civil or criminal liability for failure to obtain valid consent or professional discipline for failure to obtain valid consent if he or she relied in good faith on the representations made by the minor.



QUESTIONS?

Contact **Alyssa Phillips** at the **Law Project of the Chicago Coalition for the Homeless** at (872) 588-6800 or aphillips@chicagohomeless.org.



NAME OF MINOR SEEKING HEALTH CARE SERVICES:

NAME (Last, First, Middle Initial)	DATE
ADDRESS (Street, City, State, Zip Code)	DATE OF BIRTH

CERTIFIER OF MINOR'S UNACCOMPANIED STATUS

NAME (Last, First, Middle Initial)	AGENCY	
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	E-MAIL

CERTIFIER'S RELATIONSHIP TO MINOR SEEKING CARE:

- Adult relative of the minor seeking care
- Representative of a homeless service agency that receives federal, State, county or municipal funding to provide those services or is otherwise sanctioned by a local Continuum of Care
- Attorney licensed to practice law in Illinois
- Public school homeless liaison
- School social worker
- Agent of a social service agency providing services to at-risk, homeless, or a runaway youth
- Representative of a religious organization

Certifier Attestation

Pursuant to Illinois the Consent by Minors to Medical Procedures Act ILCS210/0.01 et.seq (as amended by Public Act 098-0671), I attest to the best of my knowledge that the minor seeking care identified above is: (1) at least 14 years of age but less than 18 years of age; (2) living separate and apart from a parents or legal guardian, whether or without the consent of a parent or legal guardian who is unable or unwilling to return to the residence of a parent, and managing his or her own affairs; and (3) is not under the protective custody, temporary custody, or guardianship of the Illinois Department of Children and Family Services.

Certifier Signature: _____ Date Signed: _____
(mm/dd/yyyy)