



CONSENT TO TREAT A MINOR

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

You may appoint anyone who is over the age of 18 to be responsible for your child when you are unable to accompany them to their medical appointment.

Minor's Full Name: _____
Last Name First Name Middle Name

Date of Birth: _____

For the occasion(s) when you may not be with your child, please list those individual(s) who may give us consent to see your child on your behalf:

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Please be advised that additional authorization may be required prior to performing any additional procedures on the minor child. If such procedures need to be performed, additional consent may be obtained by the parent/ legal guardian or one of the individuals listed above.

Parents/Legal guardians will be fully responsible for the patient portion of the bill.

This consent will be effective from _____ to _____ or until revoked by written communication. I have read, understand, and give my consent as stipulated above.

Parent or Legal Guardian Signature Relationship to Minor Patient

Date Signed: _____