



Consent to Treat Patient – Without one or both Parents or an appointed Legal Guardian Present

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 a parent or legal guardian that this person has been appointed by you to act on your behalf.

Minors Name: _____ (Last, First, Middle) _____ DOB: _____

Allergies: _____

Current Medications: _____

Chronic Conditions: _____

This consent applies to:

- complete physician check-up
- vision, scoliosis, and blood pressure screening
- immunizations
- first aid and emergency care
- prescriptions and treatment for illness
- referrals to an outside agency (for example: hospital, radiology) for services not provided at the office
- laboratory work. (including blood and urine samples, throat cultures, other deemed necessary)
- Other: _____

If there are any services that you do not consent to in your absence, please list: _____

For those occasions when I may not be with my child, he/she will be accompanied by:

Themselves – (must be 16 years or older)

Name: _____ Relationship: _____

I give permission for the physician to share any relevant health information with the person who is accompanying my child: From (today's date): _____ Until: _____

(may not be longer than 1 year and may be revoked in writing anytime).

Parent or Guardian Signature

Parent or Guardian Name (Please Print)

Phone Consent obtained - Date Obtained: _____

Witness

Witness

Best phone number to reach parent should we need to speak to a parent during the appointment

_____ Home/work/cell Mother Father Legal Guardian

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