

Consent to Treat Patient – Without Parent /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 the parent or legal guardian that this person has been appointed by you to act on your behalf.

Minor's Name: _____ **DOB:** _____
Last First Middle

Allergies: _____

Current Medications: _____

Chronic Conditions: _____

LIMITATIONS:

Identify any **specific limitations** on the kinds of medical services for which this authorization is given. (If none, state "none")

AUTHORIZATION:

I (parent/legal guardian name) _____ request and authorize _____ to deliver routine medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. Routine Medical care and interventions may include, but are not limited to: medical evaluation, physical exam, routine immunizations, injections, hospital admission, x-rays, lab work (examples: throat or nasal swabs, blood draws, urine catheterizations, wart treatment with liquid nitrogen, minor burns, minor suturing of lacerations)

I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service not covered by:

_____ Name of Insurance ID Number on Card

I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

Parent or Legal Guardian (please print) Relationship

Parent or Legal Guardian Signature Date

Signature of Responsible Party During Parent's Absence

Subscribed and Sworn to before me,
on this _____ day of _____, 20____.
Witness my hand and official Seal.

Notary Public: _____

My Commission Expires: _____