



Parental Authorization to Treat Minor Child without Parent or Guardian Present

Patient's Name: _____ Date Of Birth: _____

Parent or Guardian's Name: _____

Relationship to Patient: _____

Our office requires that a parent or guardian give specific permission if a minor child will receive treatment when the child is accompanied by someone other than the parent or guardian, or if the child presents by himself or herself.

When a parent or legal guardian is not immediately available and advanced consent has not been provided, emergency care will not be delayed, but verbal consent and authorization will be required as quickly as possible for treatment.

Parental authorization is given below so that your minor child may receive treatment without his or her parent or guardian being present. This authorization will become a part of the patient record.

Minor Accompanied by Other than Parent or Guardian

_____ (Initial) The person(s) listed here is/are authorized by me to give consent in person for medical care and/or sports physicals for my child. This is in effect until revoked in writing by me. This person may also sign any necessary consents or acknowledgements on my behalf, including responsibility for payment. The person(s) listed must present a valid photo ID.

Name: _____

Relationship to Patient: _____

Name: _____

Relationship to Patient: _____

Unaccompanied Minor

_____ (Initial) My minor child, who is at least 14 years of age and listed above as the patient, may present unaccompanied by an adult and receive treatment. My child is authorized by me to give consent for medical care. This is in effect until revoked in writing by me, but will be confirmed by a verbal authorization each visit. My child may also sign any necessary consents or acknowledgements on my behalf, including responsibility for payment.

Parent/Legal Guardian Signature: _____ Date: _____