

Pediatric and Family Physicians
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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 the parent or legal guardian, we must have written permission from the parent or legal guardian that the person has been appointed by you to act on your behalf.

This is a legal document. With it you may appoint anyone who is over the age 18 years of age to be responsible for your child when you are unable to accompany them to their medical appointment.

Minor's full name _____ Date of Birth: _____
Last Name First Name Middle

For those occasions when you may not be with your child, please list those individuals who may give us consent to see your child:

_____	_____
Name	Relationship to Patient
_____	_____
Name	Relationship to Patient

Check here if you wish to give consent for the minor to receive medical care without an accompanying adult, which shall be in effect until: _____
Date
 Indefinitely, until revoked in writing.

It is the policy of this office that the adult presenting the child for treatment is responsible for payment of the patient portion at the time of service.

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/ Legal Guardian Signature Relationship to patient Date