

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

By law, any child under the age of 18 years old cannot be seen by a doctor without the 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. The parent or legal guardian must sign all forms and include a copy of a photo ID if they are not accompanying the patient to the appointment.

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

The designated person must bring photo identification to each appointment.

Please complete the following section(s):

Name of Minor: _____ DOB: _____

I, _____ being the parent or legal guardian of the above named minor, do here appoint the following person(s) to act in my behalf in authorizing any and all medical care and decisions for the above named minor:

Name: _____ Address: _____

Phone #: _____ Relationship to Minor: _____

Please be advised that we may not be able to perform any invasive procedures or prescribe medications unless a parent or legal guardian accompanies the minor to their appointment. If such services need to be performed, another appointment may need to be scheduled in which the parent must be in attendance. 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.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____