



Consent to Treatment of a Minor

(When Parents/Guardians are Temporarily Unavailable)

Parent/legal guardian must be present on the initial appointment for a new patient

The undersigned parent or legal guardian of _____ date of birth _____, authorizes the person (s) listed below to consent to treatment of the child, including, but not limited to, emergency, x-ray, anesthetic, or surgical services when I am not immediately available in person.

It is understood that this consent is given in advance of any specific diagnosis or treatment and allows the physician/provider to diagnose and treat the child even when the parent or guardian is not present.

Person (s) who may consent to treatment (please print):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical concerns: _____

Known allergies: _____

Name of parent or legal guardian: _____

Relationship to child: _____ Contact Number: _____

Address: _____ City, State, Zip _____

Signature: _____ Date: _____

(This consent is effective until withdrawn in writing by the child's parent or guardian.)