



PARENTAL PERMISSION FOR TREATMENT OF MINORS

By law, a parent or legal guardian must be present during the exam and treatment of a minor under the age of 18.

If you wish that your child be evaluated and treated by the doctor or medical provider in your absence, please complete the following.

I _____ give permission for
(Parent/Legal Guardian Name)

_____ to be evaluated and treated by the doctor or medical provider
(Minor's Name) without a parent or legal guardian present.

I have read and agree with the above statement.

Parent/Legal Guardian Signature

Date

Witness

Date