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| **Section A: Name of Minor** |
| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial:\_\_\_\_\_Date of Birth:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ |
| **Section B: Name of Parent or Guardian** |
| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial:\_\_\_\_\_Relationship to Minor:□Parent □Legal Guardian □Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section C: Consent for treatment in absence of Parent or Guardian:** |
| I authorize the following individual to bring the minor stated in section A for treatment in my absence:First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial:\_\_\_\_\_Relationship to patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: ( \_\_\_\_\_\_)-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ |
| **Section D: Signature of Parent or Guardian** |
| ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Signature of Parent or Guardian Date *(mm/dd/yyyy)* |
| **Section E: Notarize** |
| Sworn to and subscribed before me this date:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Date *(mm/dd/yyyy)* State of Florida, CountyThis individual is personally known to me or produced the following identification:□Driver’s License □Military □Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Place Seal Here) Date*(mm/dd/yyyy) Signature* |