

## **Consent to Treat Minor Patient-Without Parent/Legal Guardian Present**

By law, any child under the age of 18 years old cannot be seen by a medical provider without consent from 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. Providers maintain the discretion to require a parent to accompany the child for certain medical conditions.

Minor's Name:	DOB:	
For those occasions when you may not be with <b>your child:</b>	h your child, <b>please list those individuals who may give u</b>	s consent to see
Name:	Relationship to Patient:	
Name:	Relationship to Patient:	
(fra a ra a 22)	of medical services for which this authorization is given. (If	`none, state
□ Check here if you wish to give consent for the r This consent may only apply to <b>minors age 16 an</b>	minor to receive medical care <b>without an accompanying adult.</b> <b>nd older.</b>	
This consent shall be in effect for:	ate: (only)	

□ Indefinitely. Until revoked by written communication

## **AUTHORIZATION:**

I (Parent/Legal Guardian name) \_\_\_\_\_\_\_ request and authorize Meridian Family Medicine and its personnel to deliver routine medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service. I am aware some visits may require parental or legal guardian presence as deemed appropriate by my medical provider.

I have the legal right to preauthorize Meridian Family Medicine and its personnel to deliver routine medical treatment and services to my child. Routine medical care and interventions may include, but are not limited to: medical evaluation, physical exam, routine immunizations, prescription medications, injections, x-rays, lab work (examples: throat or nasal swabs, blood draws, wart treatment with liquid nitrogen, minor burns, minor suturing of lacerations).

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 able to understand.

Parent or Legal Guardian (please print)

Relationship

Parent or Legal Guardian Signature

Date